

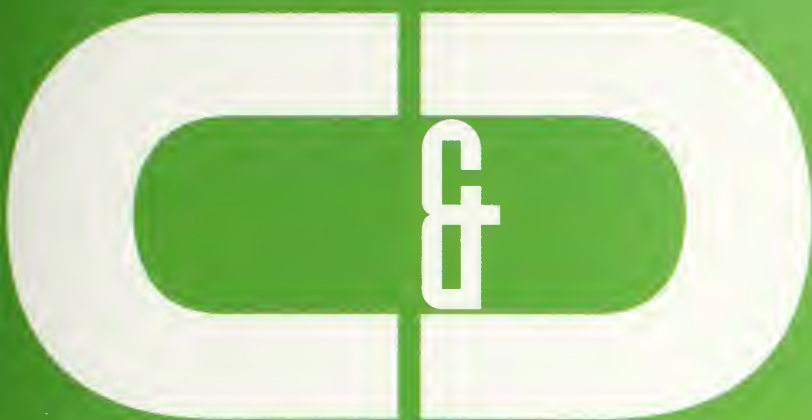


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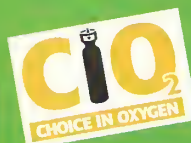
United Business Media

Chemist&Druggist

The Newsweekly for Pharmacy



4 March 2006



**Hants &
IoW LPC in local
oxygen deal**

**AU sees future
role for offsite
dispensing**

**PDA launches
policy to tackle
workload issues**

**Smoking ban –
an opportunity
for pharmacy**

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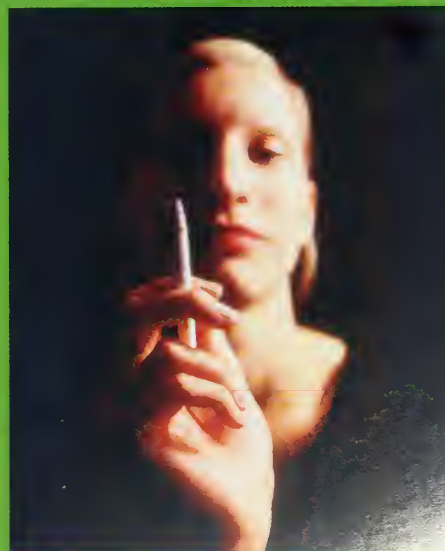
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© CMP Information Ltd Chemist & Druggist
incorporating Retail Chemist, Pharmacy
Update and Beauty Counter

Published Saturdays by CMP Information Ltd,
Sovereign Way, Tonbridge, Kent TN9 1RW

C&D on the internet at
<http://www.dotpharmacy.com/>

Subscriptions: (Home) £173 per annum,
(Overseas & Eire) \$412 per annum. Single
copies C&D £3.50 (postage extra). Extra Price
List for subscribers: £16 per single copy; for
non-subscribers: £35 per single copy.
Subscription plus additional Price List: UK
£173 plus £120, overseas: \$412 plus \$205.

Circulation and subscription: CMP
Information Ltd, Tower House, Sovereign
Park, Lathkill St, Market Harborough, Leics
LE16 9EF Telephone: 01858 468811
Fax: 01858 434958

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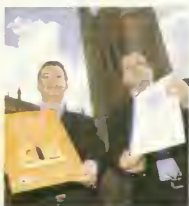
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This week

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A three-month deal for pharmacy contractors to supply a domiciliary oxygen service has been negotiated with 10 local PCTs by Hampshire & Isle of Wight LPC



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Cambrian Alliance chief executive Paul Davies and chairman Mark Griffiths (left) visited the DoH to present an account of over 80 pharmacists carrying out emergency oxygen deliveries. C&D also handed in a letter explaining our 'Choice in Oxygen' campaign

Bigger role for central dispensaries 6

Alliance UniChem sees central dispensaries becoming ever more important as they free up pharmacists to provide patient services

Role highlighted in self-care guide 8

A guide published this week by the Department of Health suggests that pharmacists can play an important role in helping people with long-term conditions to manage their own health

Suppliers blame pharmacy 12

Oxygen suppliers have lashed out at pharmacy for the crisis in the home delivery service, while more of you give support to our 'Choice in Oxygen' campaign

Pharmacy update

Questioning cough 19

In his second article on coughs, Derek Balon looks at those not caused by colds

PETITION

Patients with breathing problems in England and Wales are suffering. Their right to choose their oxygen supplier has been taken away. The pharmacy wants to give choice back to patients. Please support our campaign.

We also need oxygen at home but have got it at risk. Local pharmacies have for decades provided a home oxygen delivery service for patients. But since February 1, that essential campaign has been taken away and patients have suffered in the first few weeks of the new service.

Our campaign believes that patients should have the right to choose where they get their oxygen. Please sign our petition.

WE THE UNDERSIGNED WANT THE GOVERNMENT TO LIVE PATIENTS BACK THE FREEDOM TO CHOOSE THEIR OXYGEN SUPPLIER

Name _____
Address _____
Signature _____

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Peter Varley reports on the latest business statistics

Dying embers 28

Now that smoking is to be banned in public places from summer 2007, Steve Bremer says there will be more opportunities to help the diehards give up

'Choice in Oxygen' petition 34

Join C&D's 'Choice in Oxygen' campaign by getting your customers to sign our petition. A petition form is printed here – and can be downloaded from www.dotpharmacy.com

Chemist & Druggist

The Newsweekly
for Pharmacy

Volume 265 No 6535

First published

September 15, 1859

ISSN 0009-3033



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Hants & IoW LPC local oxygen deal

by Ailsa Colquhoun

Hampshire & Isle of Wight LPC has negotiated a three-month deal for pharmacy contractors to supply a domiciliary oxygen service.

Agreed with 10 local PCTs, the new scheme came into effect from February 1. According to Hampshire and IoW LPC chief officer Mike Holden, the PCTs have been very receptive to the new scheme. "They were desperate to get this in place as they knew they had to find a better solution. We now have a robust service that makes sure that patients are cared for."

In a letter to LPC secretaries,

PSNC is advising other LPCs to consider reviewing the fees pharmacies receive for collection and delivery services and urgent deliveries.

The aim, says PSNC head of information services, Lindsay McClure, should be to ensure that there is an "incentive" for contractors to be supportive at this time and to compensate them for any additional workload. "This may be cost-effective for the PCT compared to the supplier's urgent call-out fee," she said.

Mr Holden commented: "The significantly improved remuneration [is] an acknowledgement of the commitment and effort to date

and to ensure that patient care is not lost in this blame ping-pong that the Department of Health and Allied Respiratory are playing." The fee structure is online at <http://tinyurl.com/zvzq6>

Mr Holden has also met with Romsey MP and pharmacist Sandra Gidley MRPharmS (Lib Dem), as part of an ongoing local effort to keep MPs 'up to speed' with the oxygen issue.

● In a separate letter, PSNC is advising contractors to monitor the transfer of patients to the new suppliers. The DoH is preparing guidance on handing over responsibility for patients not transferred to the new suppliers by August 1, it states.

Paul Davies (left) and Mark Griffiths of Cambrian Alliance present pharmacists' concerns over the lack of patient choice in oxygen supply to Westminster. The duo delivered a survey highlighting the emergency supply of over 800 cylinders by 81 pharmacists since their involvement in the service was supposed to have stopped. Information about C&D's 'Choice in Oxygen' campaign was also presented for the attention of health secretary Patricia Hewitt



NPA questions DoH 'spin'

The NPA has questioned the way the Department of Health has tried to suggest there was always going to be a transition period in the introduction of the home oxygen service.

On Wednesday, the NPA said: "It was always made clear to pharmacists that there was never going to be a phasing in period and we were therefore surprised to read the DoH letter in *The Times* of February 20 suggesting that there was. In as much as there was a transition period, this was simply to allow for the dispensing of prescriptions written for oxygen prior to February 1."

Following the "debacle" of the introduction of the new service, the NPA wants an urgent review of the original decision to discontinue the pharmacy-based service. "A key component of the Government's health strategy is increasing patient choice. Patient choice should be a component of the oxygen service," it said.

RPSGB president Hemant Patel met with the minister on Monday to express "deep concerns". He said he "had been assured that no pharmacist re-engaging with the service to help out patients in the transition will suffer financially as a result".

Industry backs campaign

Pharmacy trade bodies, multiples and wholesalers have pledged their support for C&D's campaign to give back patient choice in oxygen.

Simon Colebeck, Numark managing director, described the new system as a "complete shambles. This has been implemented without proper thought or planning for a transition process or consultation with those who understand the service best – community pharmacists." Mr Colebeck said some PCTs had asked Numark members to help out oxygen

companies who were "struggling to cope" with demand.

Rowlands Pharmacy superintendent pharmacist, Ian Cowan, said community pharmacy was a "local lifeline" for many housebound patients who should be given the choice of oxygen suppliers. "Community pharmacy's quick and effective response in continuing the supply of oxygen following the transfer of the contracts illustrates community pharmacy's ability to continue to offer an efficient service," he said.

Steve Dunn, AAH group managing director, said moving oxygen supply from pharmacy to non-healthcare professionals was "a high-risk strategy. The pharmacy supply chain system is well established," he said. "Why invent a parallel activity which cannot perform as well?"

Other support from across pharmacy:

● "Nucare fully support C&D's goals. We should be keeping oxygen within the pharmacies. After all, there is a long history on 24/7 service via pharmacies."

Mahesh Shah, Nucare chief executive officer

● "Boots are supportive of the 'Choice in Oxygen' campaign. It makes sense to make oxygen



services easily accessible through community pharmacies."

Steve Churton, Boots assistant pharmacy superintendent

● "We support the campaign in principle. With the new system there's a problem of patient choice and confidence. We need to embrace new systems but I can't see why they can't be available through local pharmacy networks."

Roy Carrington, chief executive, AIMp

● "I applaud C&D for launching this campaign. Pharmacy should unite on this crucial issue ... as a caring profession we must make a stand."

Mick Smith, UniChem chairman

● "The DoH puts choice at the cornerstone of modern healthcare. Both the NPA and C&D recognise that patients should be given the chance to choose their oxygen supplier."

John D'Arcy, National Pharmacy Association chief executive



Simon Colebeck: the new system is a complete shambles

Your Views

"We would support this campaign. Pharmacists have a role visiting patients to make sure they understand how they are using these products."

Riaz Esmail, Fairview Pharmacy, Edgware, Middx

"Yes, I'll put my name to the campaign. The idea of central control of oxygen supply is a nightmare – there's a difference between supplying oxygen and supplying chocolates. Having an external oxygen supplier could mean that patients could lose out on service. I think they're better off if the service is managed locally."

Jacques Gholam, Bellevue Pharmacy, Wandsworth

See more news and views coverage on p12. And use the petition (on p34) and the poster supplied with this issue to get your customers involved



Concerns taken to Westminster

Cambrian Alliance has presented the Department of Health with an account of over 80 pharmacists carrying out emergency oxygen deliveries.

The pharmacy buying group, representing 150 contractors in England and Wales, called for the Government to issue a public thank you to pharmacists as it delivered the survey to health secretary Patricia Hewitt this week.

Cambrian Alliance chief executive, Paul Davies, said: "Pharmacists have stepped into the breach since the service was handed over to national operators.

"Pharmacists have put NHS and patient needs above those of their business. Public recognition of their efforts would not go amiss and would be appreciated."

The survey was presented to the DoH as part of C&D's 'Choice In Oxygen' campaign. A letter from C&D requesting that the supply of domiciliary oxygen include community pharmacists, and campaign posters, were also marked for Ms Hewitt's attention.

Cambrian Alliance chairman Mark Griffiths urged the Government to

react positively to the campaign.

"Although mistakes have been made I think it is important we concentrate on doing what is best for patients. Pharmacists have proved themselves to be a valuable member of the community health team and should be at least partially responsible for oxygen supply," he said.

Cambrian Alliance said it had issued its oxygen survey in response to Community Pharmacy Wales's request for "hard evidence" of contractors' efforts in oxygen supply.

The survey features the

delivery of over 800 oxygen cylinders to patients with breathing difficulties since pharmacists were informed they would no longer need to supply, Cambrian Alliance told C&D.

Mr Davies added: "We have presented the survey to CPW. I think they are pleased to have the ammunition to take to the Government showing the good work pharmacy has been doing."

● Cambrian Alliance said it had approached oxygen supplier Air Products over plans to sub-contract the oxygen deliveries to local pharmacies.

Scotland backs patient choice

The Scottish Pharmaceutical General Council has backed C&D's campaign following the changes to patient oxygen supplies in England and Wales.

Frank Owens, SPGC chairman, said any attempts to "cherry pick" individual elements of the pharmaceutical service must be "vehemently resisted. Our professional responsibilities to our patients require no less of



us," he said. "Although these new arrangements currently apply only to England and Wales, we would be extremely concerned at any initiative which removes or

diminishes the community pharmacist's ability to meet the comprehensive pharmaceutical care needs of his or her patients.

"There are clear lessons to be learned from this wholly avoidable debacle," he said.

Choice in Oxygen needs you

Leading players in community pharmacy have already pledged their support for our 'Choice in Oxygen' campaign. To really be effective, our campaign needs you.

If the Department of Health is going to listen, we need to show them that there is support outside pharmacy – and that means getting patients and MPs behind our campaign as well.

We are including in this issue a poster for display in your pharmacy. On page 34, there is a petition for you to cut out, copy if

you need, and put on your dispensary counter. Further copies are also available on our website, www.dotpharmacy.com. Fill these out and send them back to us by March 24.

You and your patients should also write to your MP. You can send a letter via e-mail, by typing your postcode into the box on the website, www.writetothem.com. Tell them about the problems you or your patients have had since the handover to the new suppliers on February 1.

Central dispensaries will grow in stature, says AU

by Asha Fowells

Central dispensaries free up pharmacists to provide patient services and will have an increasing role, Alliance UniChem has said.

The wholesaler opened six central dispensaries during 2005, one of which is dedicated to dispensing repeat prescriptions for local pharmacies. Although traditionally used to supply care homes and prisons, this new role for central dispensaries is likely to grow given the anticipated rise in electronic prescriptions and pharmacy services, said AU in its

preliminary results announcement on Tuesday. The company has a total of eight central dispensaries co-located at wholesale depots or retail pharmacies.

Revenues from Alliance Pharmacy – the retailing arm of AU – increased by 9.4 per cent to over £1,337 million, and profits rose by 18.5 per cent to £112.9m for the year ended December 31, 2005. The company said it stayed abreast of the new pharmacy contract for England and Wales, with more than 450 pharmacists accredited for advanced services and over 9,000 MURs performed by the end of 2005.

Pending the proposed merger with Boots, the rebranding of pharmacies from Moss to Alliance has been suspended. The refit programme has continued, with 83 branches refurbished, seven relocated and 207 consultation rooms installed during 2005.

On the wholesale side of the business, UK total revenue dropped by 2.7 per cent to £1,821m, said AU. Reasons given for the decline in the market were the price cuts under the *Drug Tariff* and the Pharmaceutical Price Regulation Scheme and by manufacturers, and a high number of patent expiries.

PRACTICE

MP gets one in a million Lloyds check-up

Health minister Caroline Flint has become the millionth person to receive a health test at Lloydspharmacy.

The MP joined pharmacist Irani Jumnoodoo for a check-up

during her visit to Lloydspharmacy's branch at West Wickham, Kent.

Following the visit, Ms Flint praised pharmacists for their efforts to improve patient health.

She said: "Local pharmacy teams have made a real contribution to the health of the nation by identifying so many patients who otherwise would not have known that their blood pressure was putting them at risk."

Lloydspharmacy managing director Justin Ash congratulated pharmacy staff for reaching the total and detailed plans for another million tests by 2008. He commented: "The way the pharmacy staff have engaged in the service is superb. It's helped transform pharmacies from places where you pick up prescriptions to venues for diagnostic services."

Lloydspharmacy launched the health checks scheme in 2004 and has detected 160,000 customers with diabetes or blood pressure problems, according to the company.



Caroline Flint MP is put through a health check by Irani Jumnoodoo

MG

WHOLESALE

Mawdsleys hits £300m mark

Pharmacy IT and parallel imports have helped Mawdsleys increase its turnover to over £300 million in 2006, the wholesaler has revealed.

The Manchester based firm said the growth of its Positive Solutions and Doncaster Pharmaceuticals businesses had boosted end of year profits by 25 per cent.

Mawdsleys' managing director

Ian Brownlee told *C&D*: "We've had an excellent year with both our IT, PI and hospital interests showing good growth. The development of pharmacy groups has been good for business as head offices look to network their branches."

Mr Brownlee said the company had faced several challenges in the independent pharmacy sector over the past year.

MG



Ian Brownlee: end of year profits up by 25 per cent

Inbrief

AAH's e-solutions

AAH's latest pharmacy computer system update allows key parts of the new pharmacy contracts in England and Wales and Scotland to be carried out electronically.

LinkEvolution 9 software adds the functionality for recording medicines use reviews electronically in England and Wales and the electronic minor ailment service in Scotland.

The e-MUR form reflects the paper form and is "integrated with existing data in the patient's medical record", says AAH.

Recording MURs electronically will provide data that can be shared with other health professionals via the NHS network, Steve Dunn, AAH group managing director, said.

NI negotiations

Negotiations between the Department of Health, Social Services and Public Safety in Northern Ireland and the Pharmaceutical Contractors Committee are ongoing, the department has confirmed.

Work is progressing on a cost survey, which Terry Hannawin, chief executive of the PCC, said last week had been delayed by a postal strike in Northern Ireland, and a review and finalisation of a range of service specifications.

OOH reminder

The DoH and PSNC have issued a reminder to contractors that the transitional arrangements for rota and care home services will end on March 31.

The only services affected are those agreed under the additional pharmaceutical services directions of 1999, which were superseded by new regulations last year. PCTs wanting pharmacies to continue providing such services need to ensure they have contracted under the new legislation before April 1.

More information is available at www.tinyurl.com/nnjnp

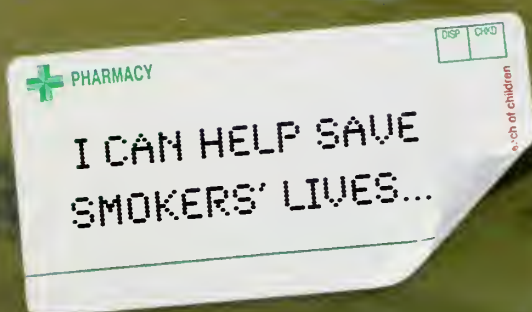
Questiontime

This week's question:

Would you like to see community pharmacies able to supply oxygen again, whether as a full or partial service, as part of the pharmacy contract in England and Wales?

- Yes
- No

You have until noon on March 7 to vote at www.dotpharmacy.com. We will publish the results in *C&D* on March 11.



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dizziness, palpitations, tachycardia, tremor, dyspnoea, pharyngitis, cough, arthralgia, myalgia, sweating, chest pain, fatigue, malaise, flu-like symptoms. See SPC for full details. **Pregnancy/lactation:** Try without nicotine replacement therapy. Medical assessment of risk/benefit if necessary. [GSL] PL 00079/0347, 0346, 0345, 0356, 0355 & 0354. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** All strengths 7 patches £17.49; Step 1 only 14 patches £32.95. **Date of revision:** December 2005.

References: 1. ABC of Smoking Cessation 2004, Blackwell Publishing. 2. TNSG, JAMA, 1991; 266: 3133-3138.



GlaxoSmithKline

Society looks for 20:20 vision within two years

The Royal Pharmaceutical Society is to develop a vision of where pharmacy should be by the year 2020.

Members of the profession will be asked to contribute to the Pharmacy 20:20 project as part of a consultation process likely to start in the autumn.

The RPSGB hopes to emulate the success of the 1995 'Pharmacy in a new age' (PIANA) initiative which included a proposal, among others, for the development of pharmacist prescribing.

A steering group comprising Council members and senior Society staff will govern the strategic direction of the initiative, and a project group will be responsible for tactical and managerial decisions.

Pharmacy 20:20 is expected to take between 18 months and two years to complete.

David Preece, Society practice and quality improvement director and project team chair, would not be drawn on how much the initiative would cost, but said: "If



David Preece: whatever time is spent will be worthwhile

we can be as effective as we were with 'Pharmacy in a new age', whatever will be spent will be worthwhile."

AF

POLICY

Role highlighted in self-care guide

Pharmacists can play an important role in helping people with long-term conditions to manage their own health, according to a guide published this week by the Department of Health.

The document, *Supporting people with long-term conditions to self-care*, says pharmacists can be a valuable source of information for patients with long-term conditions because:

- pharmacists are among the most accessible healthcare professionals;
- pharmacies are often the only places where some people can get expert health support, especially in a rural or inner city area
- there is no need to make an appointment; and
- advice and support are often available for longer hours.

Pharmacists also have expertise in the effective and safe use of medicines and are able to promote healthy lifestyles among patients with long-term conditions.

Twenty two pharmacies across Greater Manchester, for example, are involved in a pilot in which 6,000 people with diabetes and/or cardiovascular disease are being offered the choice of having their next consultation carried out in an approved pharmacy.

Pharmacists can also provide advice on treating minor ailments and offer signposting to other health providers when appropriate. They can offer prescription-linked advice on smoking cessation, nutrition or physical activity, online prescription ordering, repeat dispensing and MURs.

In Hillingdon, for example, a community pharmacy diabetes service is offered at 10 local pharmacies. Results show patients are better able to understand their condition. They are also more confident about monitoring their diabetes and administering their own medication.

JE

DERMATOLOGICAL



SEASONS

in the sun



CROOKES HEALTHCARE

E45 Sun Block* SPF 25 and 50 are prescribable, when endorsed ACBS, for protection from UV-radiation in abnormal cutaneous photosensitivity resulting from genetic disorders, photodermatoses (including those resulting from radiotherapy), vitiligo and chronic or recurrent herpes simplex labialis. References: 1. Crookes Healthcare. Data on file. 2. Crookes Healthcare. Data on file.

*E45 Sun Block will be changing its name to E45 Sun Reflective Sunscreen later in the season.

CHCSK05-62A

Date of preparation: April 2005

RPSGB

Further hints that RPSGB roles will be divided

by Asha Fowells

Two senior pharmacy figures have hinted that the Royal Pharmaceutical Society may not be able to retain both its regulatory and representative roles.

RPSGB president Hemant Patel said he feared the soon-to-be published Foster Review, which is considering the regulation of non-medical healthcare professionals, would make changes that did not necessarily deliver improvements.

There was a danger that fitness to practise procedures would only be considered relevant to those who failed to meet required standards, when they were important for all, he told delegates at the Pharmacists' Defence Association and Young Pharmacists Group conferences last weekend.

Sue Sharpe, chief executive of



Hemant Patel: fears Foster changes may not deliver improvements



Sue Sharpe: review could spell end of self-regulation for all health professionals

the Pharmaceutical Services Negotiating Committee, said it would be "very difficult" for the Society to hold onto both roles. She speculated that the Foster Review would spell the end of self-regulation for all health professions, describing the

RPSGB's dual functions as "anomalous".

In the future, the profession's remit would include entry regulations and continuing professional development, and not disciplinary procedures, Mrs Sharpe suggested.

Update MCQ enclosed

This week's issue contains the questionnaire for the following Pharmacy Update modules carried in February:

- Tinnitus (1360)
- Obesity (1361).

Pharmacy Update is a distance learning programme accredited by the College of Pharmacy Practice. Previous modules can be accessed on www.dotpharmacy.com

Further information is available from Mary Prebble on 01732 377269. Genus Pharmaceuticals supports the MCQ and telephone marking service.



INDUSTRY

Pfizer OTC sale?

Pfizer could put its £10 billion consumer healthcare business up for sale in 2006, the company has revealed.

Pfizer said it was investigating "strategic alternatives" for Pfizer Consumer Healthcare to unlock the value of the business for shareholders.

Sensitive skin needs specialist treatment to protect it from the damaging rays of the sun, so E45 has developed its own range of sunscreen products to reflect the growing demand for greater protection of sensitive skin from the sun.

The E45 Sun Range offers protection against burning (UVB) rays and 4 star protection from ageing (UVA) rays.

- Formulated with non-irritant mineral sunscreens, E45 Sun Block* forms a protective shield on the surface of the skin to reflect away sunlight. It is suitable for the protection of extra sensitive skin –

from infants to people with eczema-prone skin¹. It is available in SPF 25 and SPF 50 and is a waterproof lotion. E45 Sun Block* is available on FP10 (ACBS).

- E45 Sun Lotion, available in SPF 15 and SPF 30, is a water resistant, non-whitening combination of mineral and absorbent sunscreens and is suitable for everyday sun protection of dry and sensitive skin, including mild to moderate eczema².
- E45 Sun Sunscreen Stick, available in SPF 25, protects the lips, nose and ears, while E45 Aftersun soothes.

Sunrise to sunset, protect sensitive skin with E45 Sun protection from the dry skin and eczema experts.



Sun protection for sensitive skin
EXPERTE45E

PDA policy aims to tackle workload issues

by Asha Fowells

The Pharmacists' Defence Association has launched a policy that aims to tackle inadequate staffing levels in pharmacies.

A major part of the initiative is concerned with lobbying for a national policy that addresses poor staffing levels, project leader Richard Flynn announced at last weekend's PDA conference.

The organisation is campaigning for all pharmacies to calculate how much manpower they need to operate safely and effectively, taking into

consideration prescription volume, medicines sales and other services. All staff, including locums, must know the agreed level, which should be enforced by employers and regulators, said Mr Flynn.

The proposals also intend to raise awareness of the problems caused by inadequate staffing, including the impact on patient safety, and provide a process to manage unacceptable standards. In addition, the PDA is pushing for all pharmacy staff, including pharmacists, to benefit from a minimum 20 minute break

(mental and physical) within any six hour working period.

The introduction of the policy follows a survey of over 1,600 pharmacists conducted by the PDA in 2003. It found that nearly 90 per cent of respondents believed that workload adversely affected performance, and 49 per cent considered their workload too heavy.

Over 70 per cent said they worked through the day without taking a break, either because their employer expected them to, they wanted to, or they felt they had no choice.

PRACTICE

Invest to survive, says Devon pharmacist

A Devon pharmacist says the only way a pharmacy business will survive in the future is to invest in providing more healthcare services to the local community.

Bob Gould, owner of the Pines Pharmacy in Exmouth, has invested £40,000 on a refit, which was officially opened by East Devon MP Hugo Swire.

Mr Gould believes pharmacists should work closely with their PCT. "We believe it's imperative for pharmacists to be involved locally if they want the PCT to commission services through pharmacies."

East Devon PCT has commissioned Pines to provide smoking cessation and emergency hormonal contraception services, along with the MURs it provides.



Hugo Swire MP (back row, right) with Bob Gould and pharmacists Jane Hollyer (left) and Alison Hayes

The pharmacy also offers a blood pressure monitoring service and hopes to add asthma and chronic obstructive pulmonary

disease services linked to MURs. The pharmacy also provides obesity management programmes.

JE

MULTIPLES

AU-Boots unveils pharmacy sell-off plan

Boots and UniChem will consider divesting pharmacies where keeping them post-merger would result in a substantial lessening of competition. They have also said that they would divest such pharmacies in 'packages'.

The pledge comes in a full report from the Office of Fair Trading on the proposed merger, published on February 22.

This concludes that, apart from around 100, mostly rural areas, the merger between Alliance UniChem and Boots presents few anticompetitive concerns.

There are also no concerns relating to UniChem's current role as a wholesaler.

The report breaks down the two companies' retail operations. It reports that Boots appears most frequently in major regional centres with average catchment population of 100,000 to 200,000 whereas UniChem's most frequent location is small district centres with an average catchment population of up to 5,000.

However, both appear with relatively high frequency in rural towns.

The report also dismisses as unlikely the scenario that, by merging with Boots, UniChem may no longer have the incentive to wholesale to third parties.

The report points out that the value to UniChem of obtaining the Boots self-supply business (valued at between £800 million and £1,000m) is less than the value of its current sales to third parties (£900m to £1.1 billion, after deducting UniChem's full-line supplies to Boots).

AC

For more information:
<http://tinyurl.com/zuz86>

PRACTICE

Wales hints at prescribing rollout

The extension of prescribing to pharmacists in Wales has been given an important boost by health minister Brian Gibbons.

Dr Gibbons told the Welsh Assembly that discussions had opened with stakeholders about "how they want to prioritise it".

The former GP added: "Without prejudicing the outcome of those discussions, there are some areas that would appear to be natural starting points. For example, pharmacists are quite keen to start getting involved in responding to minor illnesses."

"This would seem to be a good starting point for pharmacists. However, this is to be decided in discussion with them."

Dr Gibbons shied away from giving any timetable for introduction.

CB

LEGAL

Lloyds' classic car battle ends in stalemate

A row between multi-millionaire classic car enthusiasts over which of their Jaguars should bear a historic registration number ended in costly stalemate on Tuesday.

In a case which cost an estimated £250,000 in legal bills, Lloydspharmacy founder Allen Lloyd and Swedish businessman Staffan Svenby each claimed their Jaguars were entitled to sport the 'WTM 446' number associated with motor racing legend Bill Moss.

But the seven-day High Court trial turned out to be a "waste of time", as Mr Justice Stanley Burnton expressed "wonderment" that "two seemingly intelligent and honest men" should have tried to resolve their dispute by costly litigation.

The judge dismissed both Mr Lloyd's claim and Mr Svenby's counter-claim, with the result that neither of their classic Jaguars can use the registration number WTM 446 on public roads.

The car, a Lister Jaguar, was damaged during work on the film *The Green Helmet* in 1960, and the dispute centred on whether Mr Lloyd's car was based on the same chassis "or a forgery".

Strand

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Suppliers blame pharmacy for oxygen crisis



Suppliers to the new home oxygen therapy service have tried to blame pharmacy contractors for the oxygen shortages.

In a statement issued to *C&D*, Allied Respiratory points out that instead of a phased transfer of existing cylinder patients from pharmacies to suppliers, supply from the existing network "ceased abruptly", leaving patients with no choice other than to pursue new suppliers for their oxygen from February 1.

"Concerned for patient wellbeing, [we] brought this to the attention of the DoH and asked them to ensure that the continuity of supply through community pharmacies be reinstated (as had been originally agreed)," it says.

Air Products also published a statement, which said: "A transition period to the new service was always planned where pharmacies could continue to supply oxygen to patients until they were transferred to the new service."

However, following advice, the company has now reworded its

Pharmacists respond to Allied

"There is no one group that is totally at fault. Maybe the Department of Health misunderstood what the community pharmacy-led oxygen service involved. Maybe we as a profession took our eye off the ball and should have lobbied more. Ultimately, though, the new suppliers should have had the resources and nous to find out what was involved. Either way, there are a lot of people protecting their own backs on this one."

Michael Holden, chief officer, Hampshire & Isle of Wight LPC



statement to read: "A transition period to the new service is in place where pharmacies can continue to supply oxygen to patients until they are transferred to the new service." It also adds that it is now answering the vast majority of calls and quickly processing the vast majority of orders.

"The tragedy is that when we sat down with the suppliers and pointed out the pitfalls they were incredibly arrogant, they derided our offers of help and treated us like second class citizens."

"It is quite disgraceful that they say that pharmacists are part of the problem. The truth is that we have never been allowed to be part of the solution."

Terry Silverstone, chief executive Kingston, Richmond & Twickenham LPC and Eastern Surrey LPC

"We stopped on February 1, and that's when they started. Every document published on the handover detailed the timescales involved."

"Community pharmacists had the service taken away and now they are having to pick up the pieces."

Vanessa Taylor, professional executive officer, East Sussex LPC, pictured left

PSNC confirmed that the statement from Allied Respiratory is incorrect and misleading, and risks undermining the goodwill of pharmacy contractors who are supporting the service. Head of information services Lindsay McClure said: "We've taken up a number of points with the company."

AC

DoH promises compensation package...

A series of emergency oxygen meetings with the DoH have yielded the promise of a decommissioning fee for contractors holding headsets at the end of the transition period.

On Tuesday, PSNC met with the DoH to discuss pharmacists' supporting role in the new oxygen service. According to information services head Lindsay McClure, PSNC hopes to be able to produce guidance soon on how long pharmacists can expect to be involved in supplying oxygen against prescriptions issued after February 1.

In a communiqué to PCTs and SHAs, Primary Care Contracting confirmed that the DoH has set aside funds to pay pharmacy contractors a decommissioning fee for each authorised set they hold. There will be a higher fee for sets purchased by pharmacy contractors after July 31, 2004, and less for other authorised sets.

PCC added that this payment is unlikely to be made until the end of the transition period, currently July 31.

GP

... and denies 'crisis' talks over oxygen

The Department of Health has denied that it has been holding what were described last week in the *Health Service Journal* as "crisis talks" with the four companies responsible for supplying oxygen to patients at home.

A DoH spokesman told *C&D* that the meetings with Air Products, Allied Oxycare/Medigas, BOC Medical and Linde Gas UK have been taking place "at least once a week" since the service began on February 1, in addition to "tele-conferences two to three times a week".

Greg McNeill from BOC Medical confirmed that regular meetings have been held with the DoH and the NHS and said that the company was coping with demand for oxygen from patients.

In its latest update the DoH says it is "actively engaging all the key stakeholders, including PSNC and RPSGB, to plan the next phase of the transfer of patients to the new home oxygen service".

JE

Give us the chance to help, say pharmacists

Pharmacists have backed *C&D*'s campaign for patient choice in oxygen supply as the service continues to falter under private delivery firms.

Contractors urged the Government to include them in the supply of domiciliary oxygen or risk further harm to patients.

Susan Shepherd, pharmacist at Bell Chemist in Hitchin, Hertfordshire, said: "I'm extremely angry with the Department of Health. There was no investigation as to how removing oxygen supply from pharmacy would affect patients. We've supplied the service for years and customers were comfortable and confident in us."

Patients with breathing difficulties had faced long delays in oxygen deliveries since the service was transferred from pharmacists to four national firms on February 1, claimed Ms Shepherd.

"Customers have been told to expect deliveries, which never turn up. They are also sent the incorrect cylinders. The local oxygen supply firm, BOC, just doesn't seem to have grasped what's involved. It's appalling that patients are suffering."

Pharmacists across England and Wales echoed Ms Shepherd's comments. Tony Williams, Co-op pharmacy manager in Port Talbot, which is in the Air

Products service region, said: "Patients were promised that oxygen would arrive within the hour and it's not appeared until five days later. Why did the Government want to take this service away from pharmacy?"

The new oxygen arrangements conflicted with the DoH's drive to create a patient-led NHS, stated Peter Badham of Badham Pharmacy in Gloucestershire. "The NHS claims to be around competition and choice but in this key area there is no choice. I'm totally committed to *C&D*'s choice in oxygen campaign and will do whatever it takes to try and get the Government to listen," he said.

MG

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Our question to pharmacists this week was:

Do you back C&D's campaign to give patients choice in oxygen supply?

"I support C&D's campaign"

Brian Foster, Lincs

"You may rely on our company to support this campaign in any way we can"

David Badham, Gloucs

"I pledge my support. There was utter carnage in Pembrokeshire"

Jon David,
Pembrokeshire

Our online poll at www.dotpharmacy.com said...

Yes **86.7%**

No **13.3%**

Comment

from the Editor

Oxygen pressure remains high

The problems that oxygen patients have been facing since gas suppliers took over 'responsibility' of supply a month ago shows few signs of abating. Fortunately, pharmacists have been doing their utmost to ensure that patients receive the best care possible in such chaotic circumstances.

It is not helpful, then, when one of the new home oxygen service providers tries to shift blame onto pharmacists. Its statement about pharmacists (*p4*) simply demeans itself. The Government has been rather misleading with the facts, too. Quite rightly, the NPA has taken it to task for trying to pretend that a six month transition period was always intended.

But patients should come first, so it is good to see that Hampshire and Isle of Wight LPC has come up with a possible long-term solution. Winning the support of 10 PCTs, pharmacists will be properly paid to supply oxygen for the next three months.

The Government needs to take a good look at this while it negotiates the 2006-07 pharmacy contract remuneration. With

proper funding, this is an example of a scheme that could be rolled out nationally so that oxygen patients will again be able to have a choice of oxygen suppliers. PCTs may appreciate having this facility, too, as the past month has demonstrated the clear reliability and dedication of community pharmacy when others have been failing.

In the meantime, you can help by alerting your customers and local MPs to the plight of local oxygen patients and the fact that the Government has restricted their choice of supplier. It's important that the public are made aware of this instance of the Government isolating a part of the wider therapy provision and, in so doing, denying patient choice. Such an instance should not be allowed to become a trend.

"The last month has demonstrated the clear reliability of pharmacists"

Your views

E-mail your views to chemdrug@cmpinformation.com

Fiona Wyborn offers a view of oxygen supply from the grass roots

Spurred on by oxygen fiasco

For the first time I have voted in the *C&D* poll about the oxygen fiasco. I have been a community pharmacist for 18 years, most of the time at pharmacies supplying oxygen.

I do not have many oxygen patients but I have always looked out for them, ensuring both prescriptions and supplies have been sufficient. None of my regular users understand why the system is changing and they have no confidence in a new company.

They have always been able to telephone me easily and I have responded to their needs as quickly as possible, popping out to

check on a possible fault in a matter of minutes if necessary. I am sure the new companies will not be keen to do the same.

With February 1 approaching I readied my regulars with supplies, and pre-ordered some scripts just in case to allow for transfer; it would seem I was right to be so cautious as from what they tell me HOCF and HOOFS are yet to be completed, the GPs are confused by yet more paperwork on something they never really understood anyway.

Although I was assured BOC would still be able to supply after February 1 it now has a shortage

of cylinders and missed my delivery this week. Fortunately it was only to replenish stocks.

We are not paid for emergency supplies, yet I was asked by my PCT if I could supply some cylinders to the local out-of-hours doctors just in case over a weekend. I refused as it is not part of our contract and besides, who knows where the cylinders would have ended up only for me to be charged for them at a later date? I did, however, say I would be happy to fulfil any valid script.

Fiona Wyborn is a community pharmacist in High Wycombe.

Northern Ireland

NOTEBOOK

Great future... for the multiples

UniChem has 50 contracts and Boots 28, giving a merged company 78 or about 15 per cent of the Northern Ireland pharmacy business.

It's not a monopoly but a new Alliance-Boots of this scale would be a major force. If the merger succeeds, management will find it difficult to create an effective culture from very different organisations. Already Alliance is finding the Baird culture difficult to understand. The name Alliance is anathema to staff as they associate it with a political party their founder had little in common with and a green livery on premises is unthinkable. Welcome to 'Norn' Ireland Alliance.

Over 45 per cent of contracts are now owned by multiples of five or more and in the last few months a new multiple has appeared, funded from the gains of the Baird sale. There is an aggressive land-

Over 45 per cent of contracts are now owned by multiples

grab taking place as multiples (and independents with aspirations) pay huge sums for modest businesses.

It's all very reassuring when a new pharmacy contract is being negotiated. In 1986 when our last big contract changes were negotiated, morale among independents was very low and many sold up or took the puny compensation offered to surrender their contracts. But their negativity was poorly judged; with limitation of contract, business values soared and have remained high for nearly two decades.

Yet there remains uncertainty among English contractors about whether their new contract is adding business benefit or if they are just doing more work for the same remuneration. Time will tell.

Written by a community pharmacist practising in Northern Ireland

TOPICAL REFLECTIONS

Get behind the oxygen campaign



The C&D Choice in Oxygen campaign has my full support. Whether or not it is successful, the point is that pharmacists must speak out about this tragic fiasco rather than simply muttering under their breath as usual.

The story has made the front pages of the national newspapers yet pharmacy was only mentioned in passing. This has been one of many missed opportunities to champion pharmacists' value to the wider community and to obtain roles for which we are perfect candidates.

I suspect our representative bodies may have had their hands diplomatically tied regarding what they can say publicly, but none of the rest of us do. The letters page of the *Pharmaceutical Journal*, of course, is crammed full of letters on the subject. But only pharmacists read that publication and they already know full well what's happening. If only some of these strongly worded, perfectly valid points had been made to the lay media then the Government would be a lot more attentive to our cause.

If the Government had, as it now claims, intended to phase in the new arrangements over six months, why did it not tell us? How was a gradual introduction going to be supported when prescriptions written after February 1 were going to be invalid? Either someone made a monumental cock up or else they're being liberal with the facts. And they will continue in this manner as long as we are so laid back.

Our traditional lie down and get walked over approach is in stark contrast to our colleagues in the Czech Republic (*C&D*, February 25, p29) who recently shut up shop for three hours in a unified attempt to get their message across. I'm not suggesting that we go on strike every time we don't get what we want but everyone in the Czech Republic would have heard their pharmacists' point of view. I wonder how many people in England and Wales are aware that this oxygen problem was created largely because pharmacists' views were ignored.

It is laudable that so many additional patients have oxygen concentrators as a result of the new system, but it is obvious that four regional suppliers will never be able to deliver a service that is responsive enough for every patient. A four hour response time for a patient out of oxygen is simply inadequate. There will always be patients who leave their supply on overnight by mistake, or forget to order extra supplies for a bank holiday, or concentrator patients who need a backup when there is a power cut.

I will be displaying my 'Choice in Oxygen' poster and sending my template letter to my MP. It's the least I can do.

Exanta bites the dust... is this progress?

The scrapping of plans to launch the novel blood-thinning agent Exanta (*C&D*, February 25, p22) is a blow to medicine. This new drug was apparently superior to warfarin for preventing venous thromboembolism yet did not require monitoring or dose adjustment like warfarin.

Exanta could have improved the quality of life for many patients on anticoagulation therapy and made significant healthcare savings as all those time-consuming monitoring and dose adjustment requirements were removed.

I'm not one to stand in the way of progress, but this drug may also have made many pharmacists'

good work on INR monitoring redundant and caused the disappearance of a valuable enhanced service. We could face similar dilemmas if someone were to invent a weekly patch for drug addicts to replace daily methadone, or if smoking were made illegal, for example.

So let's keep looking for new enhanced services to expand our potential and to replace existing services that may become less popular or disappear completely. Meanwhile, my fingers are crossed for the successful development of Astra Zeneca's AZD0837, a molecule with the same mode of action as Exanta, but with chemical differences.

MUR top tips

Send us your top tips in conducting medicines use reviews and we will pay £25 if published.

Ajaz Akhtar, Lincolns Chemist, Saltley, Birmingham:

Text the patient an appointment reminder.

When you make an appointment with a patient to come for an MUR, take a note of their mobile phone number. On the day of the appointment, text them a message reminding them to come for the appointment.

Send your top tips to C&D at chemdrug@cmpinformation.com or fax to 01732 367065 and you could win £25.

E-mail your views to chemdrug@cmpinformation.com

The caring profession must make a stand

I am delighted, both as chairman of UniChem and as a pharmacist myself, to support C&D's campaign for patient choice with regard to the supply of oxygen.

I wholeheartedly believe that pharmacy should unite on this crucial issue – the present situation is not acceptable and as a caring profession we must make a stand.

Since the Government took away the right of pharmacists to dispense prescriptions for oxygen in the community, there have been some (entirely predictable) problems over the capability of the gas suppliers to meet demand and I know that many pharmacists and their patients have queries and concerns.

The fact is that oxygen supplied will still be paid for until the PPA, in effect, "blacklists" oxygen. It is also a fact that patients who need oxygen do not care who supplies it, they just need to be sure of receiving their supplies and the current situation cannot be allowed to continue.

I have been delivering oxygen to patients in my community for almost 40 years. This has meant, on occasion, very late nights, early mornings and weekend working in order to ensure that this vital service is maintained, and this is a responsibility that I and my peers accepted without hesitation.

I have now been approached three times in the last five days by customers desperate for oxygen who have been passed from NHS Direct to the PCT, to the GP and

then the patient has come to me. One of my patients has actually said to me: "In desperation I have come to see if the pharmacist can help me."

Of course, I am doing all I can to help these patients and I know that I'm not the only one in this predicament. This situation simply cannot continue.

The move to a national home oxygen service means the loss of flexibility and duty of care that existed with pharmacists in charge, and which was so critical to the success of this service.

Patients no longer have access to a healthcare professional who will take the time to ensure that the oxygen supply is not only delivered, but also that it is being used effectively. It is disappointing, to say the least, that the Government failed to recognise pharmacists' vital role in providing this service.

This is just not the kind of service that you can put out to tender – no pharmacist ever got rich from delivering oxygen and yet I am confident that no patient went without supply.

Pharmacists do much to serve their local communities and this is just one prime example of "you don't know what you've got until you've lost it". NHS strategists take note – the decision needs to be reversed.

I applaud C&D for launching this campaign and hope that it is successful.

Mike Smith,
chairman, UniChem.

SKIN TIPS

PAUL WHITEHILL/SCIENCE PHOTO LIBRARY



Q My child has just been diagnosed with eczema and I've been recommended to use emollients to keep the eczema under control. Could you give me some advice regarding how to use emollients effectively?

Emollients should be used liberally and frequently in order to get the full benefit. We use emollients or moisturisers to replace moisture in the skin and to prevent further moisture loss.

Natural oils in normal skin keep it hydrated and prevent moisture from being lost. In this way the skin is kept soft and flexible. Some of the natural oils are missing in the skin of people with eczema and as a result the skin loses moisture quickly. The drying skin is easily irritated and quickly becomes itchy and inflamed. When the inflamed skin is scratched it damages the skin further leading to more inflammation and more itching... and a vicious itch-scratch cycle is started.

Generous and frequent use of emollients can help to prevent this type of situation from taking hold. Emollients should be applied at least 3-4 times a day, sometimes more frequently, depending on the area affected. An adult or older child will be able to say when the skin feels dry, tight or sore – and this is the time to reapply.

A key factor in ensuring that emollients are used as often as necessary is finding a product that the patient likes.

For a child, the E45 emollient range would be a good starting point as it enables a complete management regime of dry skin and eczema. There is a full range of products to wash, bathe and moisturise dry skin. They are all dermatologically-tested and suitable for all skin types, including the delicate skin of babies.

E45 Cream is a good all-round emollient. It is pleasant to use, more effective and also less likely to irritate a child's skin than aqueous cream.

For particularly itchy skin there is also E45 Itch Relief Cream that contains specific ingredients to actively relieve the itching of eczema and help prevent your child from scratching.

Another alternative is the E45 Junior range which is specially designed for kids. It comes in five funky product variants and helps to take the chore out of caring for dry and eczema prone skin for you and your child.

E45 Itch Relief Cream E45 Itch Relief Cream contains lauramcrogols 3.0% w/w and urea 5.0% w/w. Uses: For the treatment of pruritus, eczema, dermatitis and scaling skin conditions where an antipruritic and/or hydrating effect is required. It may also be used for the continued treatment and follow-up treatment of these skin diseases. Dosage and administration: Adults, the elderly and children: Apply to each affected area twice a day. The duration of treatment depends on the clinical response. Contra-indications: Patients with known hypersensitivity to any of the ingredients. It should not be used to treat acute erythroderma, acute inflammatory, oozing or infected skin lesions. Special warnings and precautions for use: May cause irritation if applied to broken or inflamed skin. Pregnancy and lactation: There are no specific restrictions concerning its use during pregnancy, but it is not to be used on the breasts immediately prior to breast feeding during lactation. Undesirable effects: E45 Itch Relief Cream has been reported to cause a burning sensation, erythema, pruritus or the formation of pustules. Contact allergy has also been reported. Package quantities: 50g and 100g tubes. MRRP: 50g £3.39, 100g £5.44. Legal category: GSL. Product licence number: PL 00327/0122. Product licence holder: Crookes Healthcare Ltd, Nottingham, NG2 3AA. Date of preparation: February 2006.

12.6% w/w and hypoallergenic anhydrous lanolin 1.0% w/w. Uses: For the symptomatic relief of dry skin conditions, where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. Dosage and administration: Adults, children and elderly: Apply to the affected part two or three times daily. Contra-indications: E45 Cream should not be used by patients who are sensitive to any of the ingredients. Undesirable effects: Occasionally, hypersensitivity reactions, otherwise adverse effects are unlikely, but should they occur, may take the form of an allergic rash. Should this occur, use of the product should be discontinued. Package quantities: 50g tube, 125g tub, 500g pump pack. MRRP: 50g £1.85, 125g £3.75, 500g £9.69. Legal category: GSL. Product licence number: PL 0327/5904. Product licence holder: Crookes Healthcare Ltd, Nottingham NG2 3AA. Date of preparation: February 2006.

E45 Cream E45 Cream is a white smooth emollient cream containing white soft paraffin 14.5% w/w, light liquid paraffin



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all leading pharmacies

Regaine for Women Product Information: Presentation: Regaine for Women Regular Strength-containing Minoxidil 20mg/ml (2% w/v) Uses: Treatment of alopecia androgenetica in women aged 18 to 65. Dosage: 1ml twice daily to affected areas. Maximum dose 2ml in 24 hours. Contraindications: Hypersensitivity to product or excipients, hypertension, scalp abnormality, shaved scalp, if occlusive dressings on scalp or other topical medications are being used. Precautions: For external use only. Wash hands thoroughly before and after application. Avoid inhalation of spray mist and contact with eyes. Pregnancy and lactation: Should not be used during pregnancy or lactation. Side effects: Hypertrichosis (unwanted non scalp hair), local erythema, itching, dry skin/scalp flaking, exacerbation of hair loss, rarely hypotension. RRP (ex-VAT): Regaine for Women Regular Strength-60ml £21.23. Legal category: GSL PL holder: Pfizer Consumer Healthcare, Walton Oaks, Dorking Road, Walton-on-the-Hill, Surrey, KT20 7NS PL number: PL 15513/01 Date of preparation: 2005



sumatriptan succinate Imigran[®] gives sufferers a way out of migraine



Feeling trapped in a darkened room with a migraine can have a devastating effect on daily life.^{1,2} But there is a way out. Imigran, the leading prescription migraine brand, has treated over 800 million migraine attacks worldwide.³ In other words, Imigran has been helping millions of sufferers to see the light.⁴

Imigran[®] (sumatriptan succinate) Subject (Injection) 6mg, Nasal Spray 10mg/20mg, Tablets 50mg/100mg and Imigran RADIS 50mg/100mg. Abbreviated Prescribing Information, Refer to Summary of Product Characteristics before prescribing. **Use:** Acute relief/treatment of migraine with or without aura (and acute treatment of cluster headache, injection only). Subject, Tablets and RADIS Tablets only: Imigran is effective in treating menstrual migraine ie migraine without aura that occurs between 3 days prior and up to 5 days post onset of menstruation. **Dose: Adults (18-65 years)** 6mg s.c. Max 12mg/24 hours. Second dose >1 hour after first. 20mg intranasal. Max 40mg/24 hours. Second dose >2 hours after the first. 50mg-100mg p.o. Max 300mg/24 hours. Second dose >2 hours after the first. Do not take second dose if no response to the first. **Adolescents (12-17 years)** 10mg intranasal. Max 20mg/24 hours. Second dose >2 hours after the first. Do not take second dose if no response to the first. Imigran is not recommended in patients under 12 years or over 65 years. **Contraindications:** Hypersensitivity to sumatriptan and/or excipients, previous myocardial infarction, ischaemic heart disease, coronary vasospasm, peripheral vascular disease, previous stroke or transient ischaemic attack, severe hepatic impairment, hypertension (except controlled mild hypertension), concomitant use of ergotamine and derivatives, e.g. methylsergide, concurrent and recent (within last 2 weeks) administration of monoamine oxidase inhibitors (MAOIs). **Precautions:** Imigran should not be used for hemiplegic, basilar or ophthalmoplegic migraine. Exclude other potentially serious neurological conditions in patients who present with atypical symptoms. Cardiovascular evaluation required in post-menopausal women and males over 40 years with risk factors for ischaemic heart disease. Caution required in patients with impaired hepatic or renal function. Risk of cross-sensitivity with sulphonamides.

Adverse events may be more common with concomitant use of St John's Wort (*Hypericum perforatum*). Rarely, weakness, hyper-reflexia and incoordination if used concomitantly with SSRIs. Chronic daily headache or exacerbation of headache may occur with overdose of sumatriptan. **Interactions:** Ergotamine, ergot derivatives, MAOIs and SSRIs. **Pregnancy/lactation:** Post-marketing data during the first trimester in over 1,000 women does not suggest an increased risk of

congenital defects although definitive conclusions cannot be drawn. Limited experience in second and third trimester. Avoid breastfeeding for 24 hours after administration of Imigran. **Driving and Operating Machines:** with caution as drowsiness may occur. **Side effects:** Pain, tingling, heat, heaviness, pressure or tightness affecting any part including chest and throat; may be intense, usually transient. Neck stiffness. Transient flushing, dizziness and weakness. Fatigue, drowsiness, nausea/vomiting, reduced seizure threshold and seizures, visual disturbances and hypersensitivity reactions. Cardiovascular disturbances including hypertension, hypotension, arrhythmias, ischaemia, coronary artery vasospasm, Raynaud's phenomenon, ischaemic colitis and myocardial infarction. **Injection only:** pain/local reaction at injection site. Nasal Spray only: taste, local irritation, epistaxis. Basic NHS cost: Injection: 2x6mg pre-filled syringes and auto-injector £44.19, refill pack 2x6mg pre-filled syringes £42.05, 6x6mg pre-filled syringes £126.13; Tablets: 6x50mg £27.62, 12x50mg £52.48, 6x100mg £44.64, 12x100mg £89.28; RADIS Tablets: 6x50mg £24.87, 12x50mg £49.77, 6x100mg £44.64, 12x100mg £89.28; Nasal spray: 2x10mg £12.28, 2x20mg £12.28, 6x20mg £36.83. **PL numbers:** 10949/0113/0231/02 2/0260/0261 and 19494/0013/0014 **PL holder:** GlaxoSmithKline UK, Stockley Park West, Uxbridge, Middx UB11 1BT. POM. **Further information is available from:** Customer Contact Centre, GlaxoSmithKline, Stockley Park West, Uxbridge, Middlesex UB11 1BT; customercontactuk@gsk.com; Freephone 0800 221 441. **Last revision of prescribing information:** 23rd November 2005. **References:** 1. GSK data on file IMG/DOF/06/23899/1. 2. Dahlof CGH, Dimenais E. Cephalalgia 1995; 15: 31-36. 3. GSK data on file IMG/DOF/06/18590/2. 4. Diener HC, Eikermann A, Gessner U et al. Eur Neurol 2004; 52: 50-56.



Freephone 0800 221441
Fax 020 8990 4328
customercontactuk@gsk.com

IMG/FPA/06/23589/1 - January 2006

Imigran is a registered trade mark of the GlaxoSmithKline group of companies.

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In order to continually monitor and evaluate the safety of Imigran, we encourage healthcare professionals to report adverse events, pregnancy, overdose and unexpected benefits to GlaxoSmithKline on 0800 221441. Please consult the Summary of Product Characteristics for full details on the safety profile of Imigran. Information about adverse event reporting can also be found at www.yellowcard.gov.uk.



This article can help in the following CPD competencies: **G1a, G1c, C1f, C1a, C3a.**
A list is available at
www.uptodate.org.uk/home/PlanRecord.shtml

Questioning cough



THE COLLEGE OF PHARMACY PRACTICE

This course (module 1362), in association with multiple choice questions being published in *C&D* April 1, provides one hour's continuing education

In a second article on coughs, *Derek Balon* looks at those not caused by colds

The first article in this two-part series considered coughs caused by colds (*C&D*, January 7, p17-20). This article looks at other causes of an acute cough, some of which are amenable to a pharmacist's treatment, as well as chronic cough that usually needs referring. After establishing there is no serious underlying pathology, a pharmacist should be able to provide suitable treatment for coughs caused by laryngitis, tracheitis, sinusitis, smoking, stress or environmental factors.

Laryngitis The cause of acute laryngitis is usually a viral infection, such as cold or flu, although bacteria may be responsible. The causes of chronic laryngitis include constant irritation from excessive alcohol, heavy smoking or gastro-oesophageal reflux disease (GORD) and, rarely, throat cancer.

Symptoms include hoarseness, weak voice, tickling sensation and rawness, sore or dry throat, dry cough, and swollen lymph nodes or glands in the neck. Patients usually present with a hoarse, weak voice, rather than a cough. Diagnosis is simple, with the only concern being whether the problem is minor (for example resulting from shouting at a football match or an upper respiratory infection) or serious. Acute attacks are usually minor and the patient should be advised to stop talking to let the vocal cords recover. Non-productive

coughs may be treated with a cough suppressant. Chronic symptoms should be referred.

Tracheitis The primary symptoms are hoarseness and a dry, non-productive cough resulting from the increased sensitivity of the trachea to normal stimuli. Causes include laryngitis, bacterial infection and bronchitis. A cough suppressant may be recommended if there are no other symptoms, otherwise the patient should be referred.

Sinusitis This is defined as inflammation or infection of the sinuses, which lie above and below the eyes. The condition most commonly presents with a cold and its associated cough, but may be an isolated problem. Symptoms that suggest bacterial infection (and therefore referral) include purulent nasal secretion, maxillary toothache, and history of discoloured nasal discharge.

Most coughs associated with sinusitis that do not require referral are productive and should be treated. A sympathomimetic amine is the agent of choice to reduce sinus congestion. The frontal head pain may be treated with a simple analgesic.

Smoking This increases the volume of mucus produced and decreases the activity of ciliated cells, resulting in the lungs having to expel increased quantities of

Objectives

- To be aware of common causes of cough
- To know what questions to ask patients
- To recognise which symptoms can be treated in the pharmacy
- To know which symptoms require referral
- To be aware of conditions associated with cough



Continued on page 20 ►

If a cough persists, a secondary complication should be considered



macus containing trapped toxic substances.¹

The diagnostic feature of a smoker's cough is a productive morning cough with expectoration. The sputum is usually brown in colour. Some smokers may develop a dry hacking cough and careful examination is required to establish if the cough is the result of smoking or has a more serious cause (hence smokers should not self-treat dry coughs).

Treatment should start with smoking cessation advice. However, the patient is likely to want immediate relief, and the best recommendation is a decongestant/expectorant combination.

Stress/nervous cough

A non-productive cough may occur in mental stress. Treatment should aim to reduce the stress; cough medicines have little or no value.

Environment

Allergies/environmental pollution/toxic vapours have a similar action on the respiratory system. All irritate the mucous membranes, which may stimulate the cough centre directly or produce excess lung secretions through release of histamine and other substances. Identifying the specific agent may be helpful in aiding avoidance, but can be difficult.

A cough due to pollutants or toxic vapours can be treated only by removal of the cause. Drug treatment of allergic cough may involve a systemic antihistamine, used for its antihistamine rather than antimuscarinic effect.

Mandatory referral

All cases of chronic cough must be referred for accurate diagnosis and treatment but it is useful for pharmacists to be able to

recognise some of the underlying pathologies of the most serious conditions. Cough medicines are contraindicated in most cases.

The following questions may be helpful in exploring the cause of a chronic cough:²

1. How long?

While the most common cause of an acute cough is a cold (upper respiratory infection) it may be the symptom of a serious disease (for example pneumonia, congestive heart failure, pulmonary embolism).

A chronic cough in a smoker may be caused by chronic bronchitis, but chronic obstructive pulmonary disease (COPD) and bronchiogenic carcinoma must also be considered. In a non-smoker, chronic cough is usually caused by postnasal drip syndrome, asthma, or GORD (see also Table 1).

2. Did it start with a cold?

If the cough persists, a secondary complication such as bacterial sinusitis or pertussis should be considered. While pertussis is rare in an adult it should not be disregarded. The characteristic inspiratory whoop at the end of a coughing paroxysm seen in children is less common in adults: they may vomit instead. The cough may be unusually severe and persist for up to eight weeks.

3. Dry or productive?

Productive coughs are the result of excess secretions in the lungs. They may originate in the lungs or higher in the upper respiratory tract (postnasal drip). Such secretions usually indicate some form of infection such as coryza or sinusitis. Structural lung changes as in bronchiectasis may lead to pooling of secretions, which frequently become infected with pathogens. Classical symptoms of this condition include sputum production amounting to more than 30ml daily, coughing on lying down and haemoptysis (coughing up blood). Non-productive coughs may result from lung cancer and emphysema (except when infected).

4. Nasal or throat symptoms?

Although nasal congestion and discharge, frequent throat clearing and "tickle in the throat" are commonly associated with postnasal drip, they may be present in patients with asthma or GORD.

5. Smoker?

People who smoke have a daily cough. The incidence increases with the number smoked: 25 per cent of people who smoke 10 cigarettes daily, 50 per cent who smoke about 20 a day and most who smoke 40 a day have a chronic cough.

6. Related to activity, body position or season?

Postnasal drip may cause a cough when the patient lies down, as may GORD, congestive heart failure, bronchitis or bronchiectasis. An "allergic cough" may result from exposure to seasonal allergens (such as pollens) and animal dander. In patients with a sensitive respiratory system, cold air may induce cough, as may physical exercise.

7. Sputum amount and colour?

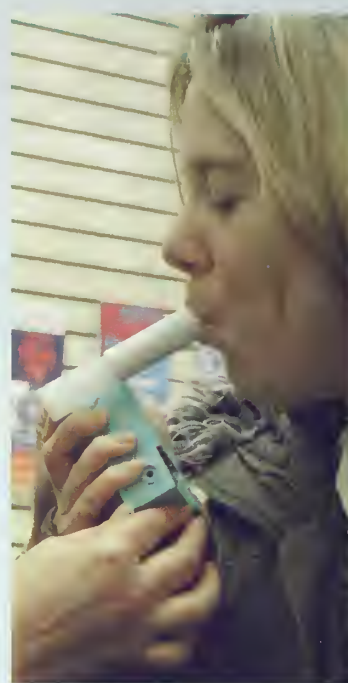
Persistent yellow or green sputum suggests infection such as chronic sinusitis, bronchiectasis or tuberculosis. Cancer, bronchiectasis and tuberculosis may result in blood in the sputum, while foul-smelling sputum suggests an anaerobic lung infection. Chronic bronchitis is typically associated with increased sputum production in the morning, while bronchiectasis may be characterised by large amounts of sputum throughout the day.

8. GI symptoms?

GORD may be responsible for 10 to 40 per cent of cases of chronic cough. About 60 per cent of patients with cough secondary to GORD report recurrent heartburn or sour taste of regurgitated food, but in others chronic cough may be the only presenting symptom. However, proving the relationship of chronic cough to GORD can be difficult.

Specific foods such as chocolate, hot spicy foods and dry foods such as biscuits induce cough in some people. Some even find the cough occurs before food is placed in the mouth.

Other important clues to the diagnosis are exacerbation on lying down or bending or worsening of symptoms when on holiday or business trips. It was thought that the cough associated with reflux was exclusively due to aspiration of stomach contents into the oesophagus, but recent research has shown there is an increased sensitivity of cough receptors in the oesophagus.



Careful examination is needed to establish if a smoker's cough has a more serious cause

9. Any other symptoms?

As in most conditions, patients with serious underlying disease seldom present with chronic cough alone (with the possible exception of lung cancer). Cough associated with dyspnoea on exertion, orthopnoea (difficulty in breathing when lying down that is relieved by sitting up) and paroxysmal nocturnal dyspnoea suggests congestive heart failure. Dyspnoea, weight loss, fatigue and haemoptysis suggest bronchiogenic or lung cancer. Night sweats are characteristic of tuberculosis.

10. Medical/family history?

If there is no sneezing, itching or wheezing, even people with a history or family history of allergic rhinitis or asthma may not recognise a persistent cough as a manifestation of allergic airway disease.

11. Contact with HIV or TB?

HIV infection is associated with a variety of respiratory tract infections, including chronic sinusitis, *Pneumocystis carinii* pneumonia and tuberculosis. Identification of contact with such conditions is useful as a pointer to diagnosis.

12. Exposure to irritants?

A history of exposure to air pollution (for example nitrogen dioxide and cigarette smoke), beryllium, silica dust, coal, asbestos or animals is potentially

Table 1: Reasons for referring patients with chronic cough

- weight loss
- haemoptysis (coughing up blood)
- purulent sputum
- night sweats
- risk factors of immunosuppression
- difficult symptom control
- uncertain aetiology
- uncertain diagnosis

Table 2: Some conditions producing chronic cough and symptoms that need referral

Condition	Some symptoms, diagnostic pointers
Asthma	Wheeze, night cough, atopy, history of allergies, family history
Emphysema and COPD	Smoking, age
Bronchitis and bronchiectasis	Smoking, episodes of lung infection
Bronchopneumonia/pleurisy	Pleural pain on breathing
Lung cancer	Dry cough, loss of weight
Pulmonary TB	Night sweats, weight loss
Specific fever, eg measles	Natural history, pyrexia
Whooping cough (pertussis)	Specific sound on inspiration at the end of a paroxysm sequence
Cystic fibrosis	Progressive shortness of breath, recurrent chest infection
Lobar collapse (pneumothorax)	Sudden chest pain, breathlessness
Congestive heart failure	Lung oedema, breathlessness
GORD	Gastric reflux in some cases
Drugs	ACE inhibitors, beta-blockers (asthmatics)
Exposure to noxious gas	Environment
Foreign object	Patient self-reporting

important. Many of these are work related so occupation (past and present) may point to the cause of a chronic cough.

13. Any medication?

The two most common drugs that cause a chronic cough are beta-blockers in asthmatics and angiotensin-converting enzyme (ACE) inhibitors. The former can cause bronchospasm and exacerbate asthma while the latter often cause a dry, persistent cough. Other drugs implicated include NSAIDs, inhaled medicines, cholinergic agonists, histamine liberators and D-penicillamine, and typical preparations containing any of these drugs may cause problems.

Other points to consider

- A cough that markedly improves or stops when patients change their environment suggests it is related to the local air and may be an allergic reaction.
- Emotional stress, especially in children and adolescents, may give rise to a chronic cough that increases during the stressful situation but completely disappears during sleep.

- A cough accompanied by dyspnoea may indicate congestive heart failure or interstitial lung disease.
- Chronic aspiration resulting in a cough is common in the elderly, especially following stroke.

Table 2 lists a few factors that may be useful in indicating serious conditions.

Asthma and COPD

Although pharmacists may give advice on cough to a diagnosed asthmatic, it is essential to refer patients who may have undiagnosed asthma to their doctor.

Symptoms of asthma include:

- Episodic wheezing which usually begins suddenly, may be worse at night or in early morning, is aggravated by exposure to cold air, exercise or reflux oesophagitis, resolves spontaneously and is relieved by bronchodilators.
- Cough (productive or non-productive).
- Shortness of breath that is aggravated by exercise.
- Breathing requires increased effort.
- Intercostal retractions (pulling of the skin between

the ribs when breathing).³

A typical asthma patient presents as a young non-smoker with wheezing and breathlessness. Other factors include a night time cough and the presence of one or more of allergy, rhinitis or eczema. Age is a useful indicator in differentiating between asthma and COPD. Burrows *et al* found the mean age of patients with predominantly asthmatic bronchitis was 29.6 years while the mean age of patients with emphysema was 64.6 years.⁴ It should be noted that a productive cough, while indicative of COPD, is not diagnostic.⁵ Patients with asthma may note worsening of cough on exposure to cold air, irritants or allergens.

Tuberculosis

The symptoms of primary infection include a cough, general malaise, loss of weight and intermittent brief pyrexia. The primary disease commonly affects the young. It frequently recurs later in life, with the following symptoms:

- A cough with a progressive increase in mucus.
- Coughing up blood.
- Fever.
- Loss of appetite.
- Weight loss.
- Night sweats.

Other disease sites (affecting about 15 per cent) include lymph nodes, genitourinary tract, bones and joints, meninges, and the lining covering the outside of the gastrointestinal tract.

Tuberculous pleuritis, when the lung infection spreads into the pleural space, may occur in 10 per cent of people with tuberculosis. Symptoms include a non-productive cough, chest pain and pyrexia. Military tuberculosis is rare, with symptoms that include fever, weakness, loss of appetite and weight loss. Coughing and breathing problems are not common with this condition.

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1. Steven Pray, *W. US Pharmacist* 27(2), 2002. *Cough: Options for self-treatment.*
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3. Little, FF: *Asthma: MedlinePlus. Department of Allergy and Pulmonary/Critical Care Medicine, Boston University School of Medicine, Boston* <http://tinyurl.com/z9fmw>

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Actionplan

1. Record in your practice workbook each time a patient presents a prescription for a cough medicine and for asthma medication. Compare the numbers after a month. What, if any, conclusions do you draw from these results?
2. Revise asthma and TB, particularly treatment. How can you help patients with these conditions?
3. Have you ever taken part in a health promotion campaign for either asthma or TB? Did you have many requests for information? After the revision suggested above, would you now feel more comfortable taking part in such a promotion?
4. Many conditions produce the same symptoms, such as a cough. Now investigate another symptom, such as pyrexia above 39°C, and find out how many conditions cause it.
5. A dozen or so questions were listed to enable you to investigate a chronic cough. Draw up a list of significant questions for "stomach ache".

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals C&D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the April 1 issue, which will cover this week's CPP-accredited module, together with those in the March 18 and 25 issues. These will cover:

- Cough part 2 (1362)
- Head lice (1363)
- Coronary heart disease biomarkers (1364).

A telephone marking service offers independent verification of results – details on the monthly MCQ papers. People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.

 in association with



GENUS PHARMACEUTICALS

Glucosamine and chondroitin of limited benefit in osteoarthritis

Glucosamine and chondroitin sulphate appear ineffective at relieving the pain of osteoarthritis.

US researchers randomised nearly 1,600 patients with symptomatic knee osteoarthritis to receive either glucosamine 1,500mg, chondroitin sulphate 1,200mg, a combination of the two, celecoxib 200mg or placebo every day for 24 weeks. Patients were allowed paracetamol as "rescue" analgesia.

Compared to the 60 per cent of placebo subjects and 70 per cent of celecoxib patients who reported

a decrease in pain, 64 per cent of the glucosamine group and 65 per cent of the chondroitin patients (considered not statistically significant) reported symptom improvement.

Those on combined treatment did not appear to fare much better, though patients with moderate to severe pain at baseline experienced a significantly higher response. Adverse effects were generally mild and evenly distributed.

For more information:

NEJM 2006; 354: 796-808



Osteoarthritis can affect the joints of knees, feet and hands

Update on orlistat prescribing

Last week's Pharmacy Update entitled "Battle of the bulge" (C&D, February 25, p19-21) stated that, according to Nice, orlistat should only be prescribed for patients who have lost at least 2.5kg through diet and exercise and meet certain criteria.

This statement is in line with the health technology assessment

published by Nice in 2001, which is likely to be reviewed next year. However, Roche has confirmed that the recommendation that patients lose weight before receiving an orlistat prescription was removed from Xenical's product licence in 2004.

For more information:

www.nice.org.uk

www.emc.medicines.org.uk

Intervention evidence is weak

Pharmacist-led medication interventions are effective at reducing hospital admissions, but the evidence is weak, UK researchers have said.

Analysis of 17 studies found that pharmacist-led medication reviews significantly reduced secondary care admissions. However, the authors identified publication bias, which they say

limits the studies' clinical implications.

The authors conclude that intervention studies are needed to evaluate whether the increased body of understanding of the causes of medication errors can be translated into improvements in patient outcomes.

For more information:

Qual Saf Health Care 2006; 15: 23-31

European Medicines Agency gives drugs the green light

Medicines for osteoporosis and soft tissue infections were among the products given a preliminary green light by the European drug regulator last week.

The European Medicines Agency (EMA) adopted positive opinions on:

- Preotact (parathyroid hormone) for the treatment of osteoporosis in postmenopausal women at high risk of fractures.

- Tygacil (tigecycline) for complicated skin, soft tissue and intra-abdominal infections.

- Duotrav (travoprost/ timolol maleate) to decrease intraocular pressure in patients with open-

angle glaucoma or ocular hypertension who have responded insufficiently to single agent therapy.

- Mirapexin (pramipexole) for the symptomatic treatment of moderate to severe idiopathic restless legs syndrome (licence extension).

The committee adopted a

negative opinion for Atrryn (recombinant antithrombin alfa), a human protein extracted from the milk of genetically modified goats. Had the anti-clotting agent gained approval, it would have been the world's first medicine produced from a GM animal.

For more information:

www.emea.eu.int

Scriptlines

Revatio tabs

Pfizer has launched Revatio 20mg tablets (sildenafil) for the treatment of pulmonary arterial hypertension.

Therapy should only be initiated by a physician experienced in treating PAH, and recommended dosing is one tablet three times a day. It is not necessary to alter the dose in patients with impaired renal or hepatic function unless the drug is not well tolerated, in which case a downward adjustment to 20mg twice daily should be considered, states the SPC

Revatio is not recommended for patients below 18 years, or in those with severe hepatic impairment, recent history of stroke or myocardial infarction, or

severe hypotension at treatment initiation. Interactions exist with nitrates, nitric oxide donors and potent CYP3A4 inhibitors, such as ketoconazole and ritonavir, and concurrent administration is therefore contraindicated.

Price: £373.50

Pack size: 90 tablets

Pip code: 211-6903

Pfizer Ltd

Tel: 01304 616161

More Easyhalers

Ranbaxy has added three budesonide inhalers to its breath-actuated Easyhaler range.

Available in 100mcg, 200mcg and 400mcg per actuation strengths, Easyhaler Budesonide is



indicated for the treatment of mild, moderate and severe persistent asthma. The SPC states that

asthma control can improve within 24 hours of commencing treatment, though maximum benefit will be achieved after a few weeks of continuous therapy.

Pack size, Pip code and price information: 100mcg 200 dose 310-0955 £9.25, 200mcg 200 dose 310-0963 £18.50, 400mcg 100 dose 310-0971 £18.50

Ranbaxy UK Ltd

Tel: 020 8280 1600

Drug moves

koGEN Ltd has acquired the Diclomax range (diclofenac) and Clotam Rapid (tolfenamic acid) from Provalis.

For more information:

koGEN Ltd, tel: on 028 3833 3933

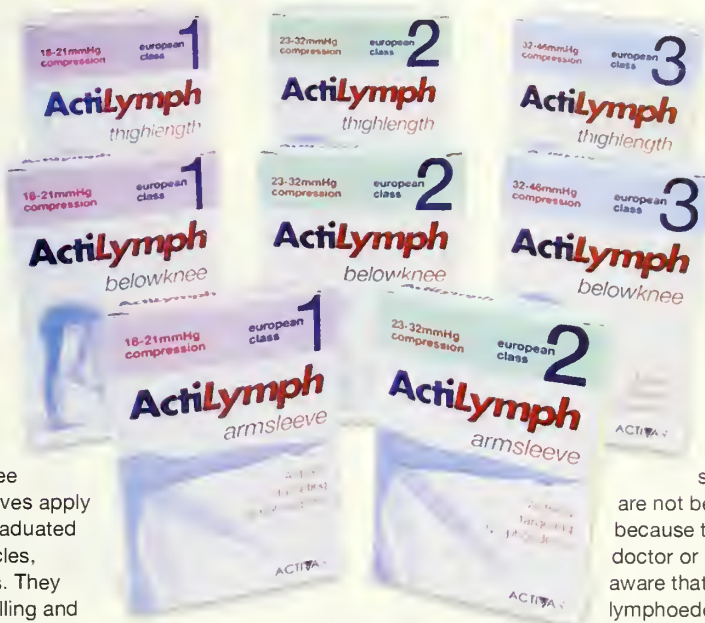
New category from Activa

ActiLymph is a new compression range from Activa Healthcare for people with lymphoedema and lymphovenous disease.

As it is the first time such products have been prescribable on FP10, Activa claims to be creating a new category in the pharmacy sector.

ActiLymph thigh length and below knee hosiery and arm sleeves apply a firm, continuous graduated pressure to the muscles, lymphatics and veins. They contain areas of swelling and prevent limbs from enlarging.

Activa believes compliance will be high as the garments are soft and comfortable, although they are stiffer than other compression garments. They can be put on using the ActiGlide applicator, available on the *Drug Tariff*.



Supporting the launch, Activa is investing £400,000 on study days, training, leaflets and online resources. A 29-strong sales team including six specialists in lymphoedema, is visiting pharmacies to provide training and literature. To request a visit, call

08450 606 707.

More than 100,000 people in the UK are affected by lymphoedema and a third live with avoidable pain and immobility.

Professor Christine Moffatt, expert in the condition, says: "There are many sufferers who have painful swollen limbs that are not being treated because they and their doctor or nurse are not aware that they have lymphoedema. It is a serious problem, the longer it is left the more likely it will lead to complications and physical and psychological morbidity."

Price: from £14.99 (trade)/£23.48 (rrp)
Activa Health Care
Tel: 0845 060 6707
www.activahealthcare.co.uk

Sensitive sun protection from Garnier

Garnier has expanded its Ambre Solaire suncare range with the introduction of variants for sensitive skins and a bigger children's range.

The UV Sensitive range has been developed to cater for sensitive, sun-sensitive and sun-intolerant skin. The products are hypoallergenic and fragrance-free. They protect against UVA and UVB and include the company's patented Mexoryl XL filter, says Garnier.

There are three products in the range: for the body, SPF50+ milk and SPF40 spray, and for the face SPF50+ cream. For children, SPF25 and SPF40 sprays and SPF40 moisturising milk are new. All products in the Kids range are designed for easy application and are sand and water resistant, says Garnier.

Prices: kids £11.99-£14.99; sensitive £9.99-£14.99

Garnier
Tel: 0161 655 1400



New Rectogesic.

Ready to
tackle the pain
of chronic
anal fissure.

Further information is available on request from:

ProStrakan Limited,
Golobank Business Park,
Golashiels TD1 1QH.

Legal Category: POM

Date of preparation: January 2006.

M011/095E

Please consult Summary of Product Characteristics before prescribing.

Rectogesic® 0.4% Rectal Ointment is indicated for relief of pain associated with chronic anal fissure.

Adverse events should be reported to ProStrakan Ltd on 01896 664000. Information about adverse event reporting can also be found at www.yellowcard.gov.uk

ProStrakan
www.prostrakan.com



A welcome return to the...



Getting out and about with Avent

The Isis iQ Uno out and about set has been launched by Avent for breast-feeding mothers wanting to express milk away from home. The set provides everything needed to express, store and transport milk, says Avent.

The Isis iQ Uno handheld electronic breast pump, which features an electronic brain enabling infinite control of the pumping action, is included

together with a battery pack and belt clip, mains cable, an insulated travel bag, two milk storage containers, a teat travel pack, two cool packs and further accessories and spare parts.

A guide to breast-feeding is also supplied.

Price: £99.99

Pip Code: 231-0258

Avent Ltd

Tel: 01787 267000

Latest Solpadeine tablet bridges the analgesics gap

Solpadeine Migraine Ibuprofen and Codeine Tablets have been launched to bridge the gap between simple analgesics and prescribed triptans.

Each tablet contains ibuprofen 200mg and codeine phosphate hemihydrate 12.8mg and the adult dose is one or two tablets every four to six hours up to six daily. The pharmacy-only medicine "is expected to appeal to migraine sufferers who respond to treatment with analgesics but who do not suffer from

migraine-related nausea", says GlaxoSmithKline.

The latest Solpadeine product will build on the core brand's strengths and heritage, says GSK, but it is distinguished from other products in the range by grey and silver packaging.

Television advertising of the product with a spend of £800,000 is expected to air in the summer, as part of this year's £2.7 million Solpadeine support package.

Price: £4.99; pack size 24

Pip Code 320-7560

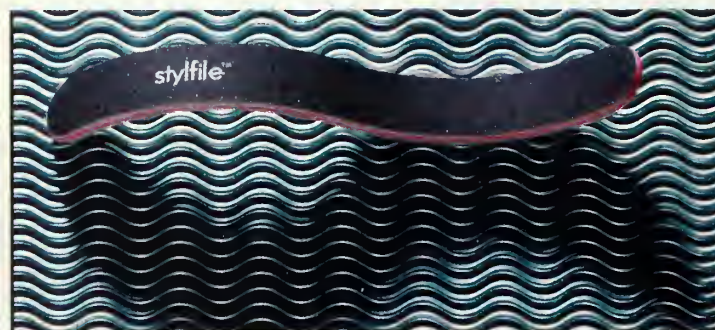
GlaxoSmithKline

Consumer Healthcare

Tel: 0845 762 6637



Nail files with style



The Stylfile, an S-shaped emery board, has been launched by Paul Murray. Curved to mirror the shape of nails, the product claims to be quicker and easier to use than a conventional file.

The Stylfile is made with silicon carbide abrasive and is suitable for

both natural and acrylic nails. It is packaged in a clear plastic tube and can be displayed in a vibrant pink tray on-shelf or hung on slatwall displays.

Price: £2.99

Paul Murray

Tel: 023 8046 0600

Benylin Cough, Cold & Flu Monitor

Brought to you by Benylin®

March 4

Benylin KEY FACTS

- Over 4.3 million people in the UK will be suffering from respiratory illness this week which is 2.4% higher than the same week last year
- Plymouth is on alert status
- Coughing and sore throat are the most prevalent symptoms



Night Tablets – Paracetamol & Diphenhydramine
Day Tablets – Paracetamol & Pseudoephedrine

Day & Night Tablets (P) for relief of colds

Visit www.coughandcoldadvice.co.uk for more information

Further information is available from Pfizer Consumer Healthcare, Walton-on-the-Hill, Surrey. KT20 7NS

Manual brush with a pulse

The Oral-B Pulsar toothbrush is designed to look like a manual brush and is described as "fully disposable". The brush contains an AAA battery that powers a pulsing vibration in the head.

The brush is said to penetrate deep between the teeth and clean along the gum line thanks to the inclusion of yellow micropulse bristles that pivot back and forth. Rubber textured bristles sweep away food and plaque in an action Oral-B describes as being like miniature windscreen wipers. The brush features a split head design that adjusts to the contours of the

teeth and is gentler on the gums, claims the company.

Television advertising running for five weeks from April 10 is supporting the launch, with a second burst planned for September. Print advertising will run during April, May and June and outdoor creatives will be seen in April.

Soft and medium heads are available in a range of colours. Used twice daily for two minutes, the Pulsar lasts for three months.

Price: £5.99

Oral B Labs

Tel: 020 8847 7800

Numark unveils new baby face



Numark's baby care range has been relaunched with improved formulations and updated packaging.

The range includes hypoallergenic baby bath, lotion, tear free shampoo and oil. Baby powder to dry skin after bathing and changing completes the range. Packaging is ergonomically designed, says Numark, and features a good grip and animal motifs. The range complements

other Own Brand products, says Numark, and comes with the standard 100 per cent money back guarantee. Supporting point of sale materials are available and members can trial the products.

Prices and pack sizes: bath, shampoo and lotion £1.49, 300ml; oil £1.59, 300ml; powder £1.19, 250g

Pip codes: bath 317-6526; shampoo 317-6567; lotion 317-6534; oil 317-6542; powder 317-6559

Numark, tel: 01827 841200

TV next week

Abbott Diabetes Care: Freestyle Mini: five, GMTV, Sat

Anadin Extra: All areas

Bassett's Soft & Chewy Omega 3 Vitamins: A, GMTV, Sat

Buscopan IBS Relief: C4, GMTV, Sat

Canesten Duo: All areas

Cura-Heat Arthritis Pain: All areas except GMTV, Sat

Cura-Heat Back Pain: All areas except GMTV, Sat

Haliborange Omega-3 for Kids range : C4

Nicorette: All areas except GMTV

Seven Seas Cod Liver Oil: All areas except C4

Seven Seas Joint Care: All areas except C4

TENA Pants: All areas

Vagisil: All areas

PharmaSite for next week: Zovirax – Windows, Thornton & Ross – Fluconazole – In-store Thermacare – Dispensary

Pharmacy channel: Sonicare, Eating Disorders Association

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

WHAT IS OUR UNIQUE SELLING POINT...

Formulated specially for dispensing



...AND WHY?

NEW Exclusively for healthcare professionals.

Dispensing glucosamine.

The glucosamine prescription dispensing market is growing fast.

Health Perception is the number 1 dispensed brand.

500mg strength accounts for 70% of all glucosamine dispensed.

Helping to maintain mobility of the joint.

Each tablet contains 665mg Glucosamine 2KCl, providing a full 500mg of Glucosamine Sulphate when absorbed by the body.

3 x 500mg tablets provide the recommended daily intake of 1500mg per day, as used in key clinical trials. 90 tablet pack provides a convenient one month's supply.

The product contains only pharmaceutical grade glucosamine which is governed by the quality control requirements of a European Drug Master File.

Health Perception have compiled a simple guide to the clinical evidence and safety profile of glucosamine in scientific literature. If you would like to receive a free copy of this review, or require any further information, please call us on **01252 861454** or email queries@health-perception.co.uk



Confidence returns

Retail sales

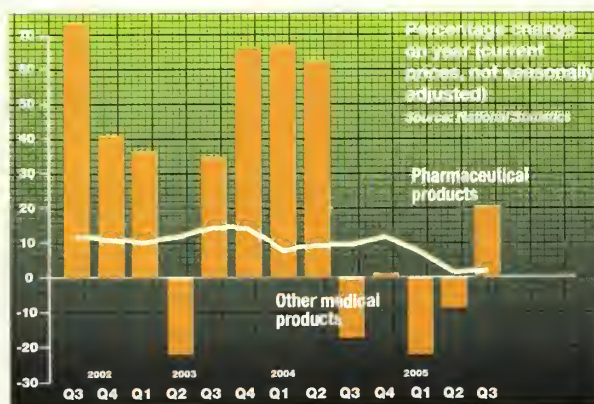
The December revival in retail sales growth proved only temporary. In January, 17 per cent of chemists saw lower volumes. Overall, volumes were down for 11 per cent of retailers, but there are high expectations for February



Pharmacists' sales volumes fell back in January, with 17 per cent of businesses reporting a year-on-year drop. In December, only 8 per cent reported a yearly fall. **Overall retail sales** also retreated from December's short-lived surge but retailers are more cheerful about consumer demand in February. The British Retail Consortium says sales of OTC and beauty products were broadly flat in January. However, **cosmetics and fragrances** held up while **vitamins and slimming products** benefited from the post-Christmas focus on healthy living. Official figures suggest that **total sales** volumes in the three months to December rose by 2.8 per cent annually. The volume of takings by chemists rose by an estimated 2 per cent in the year to December and the value of their sales rose by 3 per cent. **Consumer confidence** rebounded in January, driven by a sharply improved climate for major purchases and greater economic optimism, says researcher GfK NOP.

Consumer spending

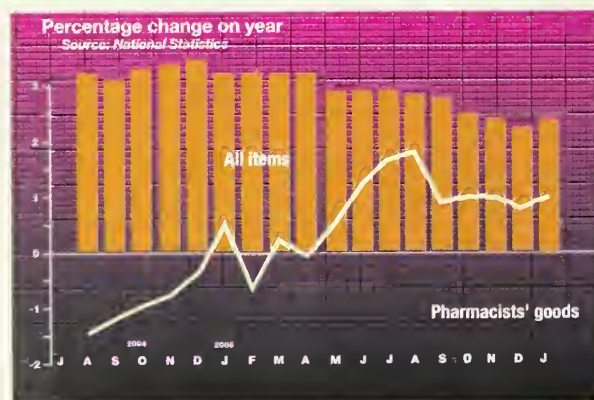
Shoppers spent 21 per cent more on electric personal care products in the third quarter of 2005 than a year earlier, pushing the total up to an estimated £328 million. But they spent only 3 per cent more on other personal care products



Consumer spending on **electric personal care appliances** rose in value by 21 per cent annually in the third quarter of last year, officials estimate. At the same time seasonally adjusted volumes rose 43 per cent. Spending on **other personal care** products rose in volume by 1 per cent annually, and by 3 per cent in value. Total spending on personal care goods and services rose in value by 5 per cent in the third quarter, while seasonally adjusted volumes were up 3 per cent. Spending on **electrical personal appliances and other personal care products** will rise in value by 10 per cent and 3 per cent respectively this year, and by 9 per cent and 7 per cent respectively in 2007, predicts Oxford Economic Forecasting. **Advertising** of pharmaceuticals in November and December was 4.9 per cent lower than in the same period in 2004, reports Nielsen Media Research. **UK output of pharmaceutical products** rose by 0.2 per cent in the fourth quarter of 2005.

Retail prices

The price of chemists' goods in the high street rose marginally during January, and the annual rate of increase strengthened to 1.0 per cent. Overall retail prices fell slightly during the month but the yearly increase accelerated



The official retail price index for **chemists' goods** rose 0.6 per cent in January, and increased by 1.0 per cent annually after rising by 0.6 per cent in the year to December. **Headline inflation** increased to 2.4 per cent, compared with 2.2 per cent the previous month. UK manufacturers' prices jumped overall by 2.9 per cent on the year to January, from 2.4 per cent in December. Makers' prices of **pharmaceutical preparations** fell by 2.0 per cent annually in December, after dropping 2.6 per cent in November, but **perfumes and toiletries** rose 1.0 per cent. Lip and eye make-ups rose 1.3 per cent and dental hygiene preparation prices increased by 0.3 per cent. Shaving preparation and deodorants fell by 0.7 per cent. Prices of **imported pharmaceutical and medicinal products** rose 1.3 per cent annually, but were flat on the month. Business property **rental prices** rose by 2.9 per cent in the third quarter of last year.

Earnings and unemployment

The number of unemployment benefit claimants dropped by 2,000 in January, the first fall in 12 months. But the wider measure of unemployment rose to 1.54 million, or 5.1 per cent of the working population. Average earnings, including bonuses, increased



Average earnings, boosted by year-end bonus payments, were 3.6 per cent higher in the three months to December than a year earlier, up from 3.4 per cent in the previous quarter. Unemployment benefit claimants fell by 2,000 in January, to a level 11 per cent higher than a year before but leaving the **claimant rate** at 2.9 per cent. The total **number of unemployed** rose by 108,000 to 1.54 million between October and December, pushing the jobless rate to its highest for three years. In contrast, the Recruitment & Employment Confederation says **demand for staff** expanded at the fastest rate for 11 months in January. Forecaster Experian expects **inner London employment** to grow by 1.0 per cent a year over the next decade, with jobs in Northern Ireland, east Wales, outer London and Lincolnshire rising by 0.7 per cent a year. The National Institute of Economic and Social Research forecasts **the economy** will grow by 2.3 per cent this year.

Dulco-lax[®]

NEW National TV Campaign March 2006

There's no more
predictable way to restart
your natural rhythm

www.constipationfacts.co.uk

Dulco-lax Tablets & Perles: product information. **Active ingredient:** Tablets - bisacodyl 5mg, Perles - gelatin capsules containing 2.5mg sodium picosulfate as monohydrate. **Indication:** Short term relief of constipation. **Dose:** Adults and children over 10 years: One to two tablets, or two to four capsules, at night. Children under 10 years should not take Dulco-lax tablets or perles without medical advice. Children 4-10 years: One tablet, or one to two capsules, at night. Children under 4 years: not recommended. **Contraindications:** Intestinal obstruction, ileus, acute surgical abdominal conditions like acute appendicitis, acute inflammatory bowel diseases, hypersensitivity to bisacodyl (tablets) or sodium picosulfate (perles) or other component, and severe dehydration. **Precautions:** Not to be taken on a continuous daily basis for more than five days. Prolonged excessive use may lead to electrolyte imbalance and hypokalaemia, and may precipitate onset of rebound constipation. Diuretics or adreno-corticosteroids may increase the risk of electrolyte imbalance. Antibiotics may reduce laxative action of the perles. Do not

crush or chew the tablets, milk or antacids should not be taken within an hour before or after the tablets. Patients with fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase deficiency should not take Dulco-lax Tablets. Dulco-lax Tablets/Perles should not be taken in pregnancy, especially the first trimester, unless the expected benefit is thought to outweigh any possible risk to the foetus. Not recommended for breast-feeding mothers. **Side-effects:** Abdominal discomfort (abdominal pain or cramps), diarrhoea, allergic reactions, angio-oedema, and anaphylactoid reactions (tablets); skin reactions (perles) have been reported. **Product Licence Holder:** Boehringer-Ingelheim Ltd, Ellesfield Avenue, Bracknell, Berkshire, RG12 8YS. **Presentations and retail price:** 10 tablets £1.25, 20 tablets £2.09 or 40 tablets £3.89 PL 00015/0240 (GSL); 60 tablets £4.69 or 100 tablets £5.69 PL 00015/0241 (P). Perles 50 capsules £4.59 PL 00015/0254 (P) or 20 capsules £2.99 PL 00015/0254 (GSL). For full product information please see summary of product characteristics. Prepared February 2006.



DYING EMBERS

Around 700,000 people will give up smoking as a result of the forthcoming ban on smoking in public places. And many of them will want advice and support from their pharmacist. **Steve Bremer** reports

The Government decision to ban smoking in virtually all public places in England from the summer of 2007 coupled with extensions to NRT use will significantly increase demand for smoking cessation services from pharmacies. It is estimated that around 700,000 people will give up smoking as a result of the ban, while extending NRT use means that even more people will be able to use it to help them quit.

Pfizer is hoping to engage a further four million smokers with its recently launched 'Cut Down with Nicorette then Stop' licence extension that allows smokers to use NRT to cut down gradually before stopping completely. Sales of Nicorette Gum and Inhalator for the past three months are already showing an increase of over 30 per cent on the previous period from last year, indicating that the new strategy is reaching additional smokers.

The Cut Down Then Stop trials were conducted in the flexible gum and Inhalator formats only, which lend themselves to this strategy. This new indication does not yet apply to other forms of NRT.

Recent recommendations that NRT is made available to additional groups of smokers, such as adolescents, pregnant women and people with certain long-term conditions, will also

help fuel demand for the products, says Nick Lagan, Nicorette's senior marketing manager.

"Smoking is one of the most powerful addictions to overcome, so the value of support provided by NRT for use within these high risk groups cannot be underestimated, he says. "Pfizer is committed to helping more people to give up smoking and the extended indication means that Nicorette can now be used by many more smokers to ultimately increase the number of successful stop smoking attempts."

GlaxoSmithKline is currently reviewing the evidence in relation to the cut down to stop

**Restrictions
on NRT use
have meant that
many people
who would have
benefited have
been unable to
access it easily**

smoking concept, but Mark Dickinson, category director of smoking control at GSK, points out that this new indication is not appropriate for all quitters. "GSK supports the broader use of NRT as a means to helping more smokers quit but we do not support the use of NRT to reduce smoking simply for the sake of it – it must be as a route to quitting," he says. "This new indication is not for everyone, first-line treatment should be abrupt cessation."

Previous restrictions on NRT use have meant that many people who would have benefited have been unable to access it easily, so making it more widely available is sensible and pragmatic, says Mr Dickinson. But it is too early to determine if the new indications have significantly impacted on NiQuitin CQ use amongst the groups affected.

"We welcome any changes that make NRT available to a wider group of people and enable many more smokers to quit successfully," says Mr Dickinson. "In addition, we know from research that misconceptions about the role of nicotine are preventing smokers from quitting using NRT."

Novartis Consumer Health regularly reviews its regulatory strategy, but it is unclear

Continued on page 30 ►

Watch profits soar with

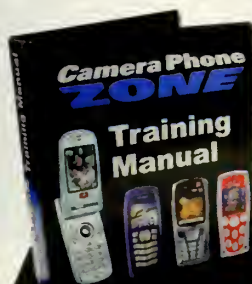
Camera Phone **ZONE**

Over 130 independent retailers, including 50 pharmacies are part of Swains' Camera Phone Zone – the scheme that helps independent retailers profit from the ever-growing camera phone market.

Join the mobile market

Since the Camera Phone Zone launched in 2004, Swains has given independents the chance to offer the most up-to-date camera phones on the market, with minimal financial outlay. The only commitment required is the purchase of 12 handsets from the range. Swains will even provide a free phone display unit and dummy handsets to every member, so

there is no need for expensive stock to be tied up on the shop floor.



**FREE
Training
Manual!**

The Camera Phone Zone gets retailers up-to-date with the latest mobile phone camera technology available on PAYT, helping independent pharmacies compete with the high street. All the latest handsets are available on the CPZ including the Motorola L6, Samsung e330n and Motorola Razr V3 - one of the most stylish, slim and best-selling phones on the market at the moment.

Great marketing support

The mobile phone market is fast paced, but with Swains in-house camera phone expert to provide training, all Camera Phone Zone members will be equipped with the latest mobile knowledge. Swains also provide marketing support, including 50:50 split cost radio advertising, national magazine advertising, and professional in-store point-of-sale displays, including A2 posters and A4 show cards.

**Regular
Promotional
Posters**



**Latest
Phone
Models!**

**FREE
Phone
display
unit**



"The Camera Phone Zone professionalised our mobile phone department beyond belief!"

John Strachan, owner of Strachan Pharmacy

"The scheme is a great way of entering the ever-growing retail world of mobile phones without a huge financial outlay"

Martin Douglas, R Douglas Chemist

Compete with the multiples!

Martin Douglas, of R Douglas Chemist, a CPZ member since 2004, comments: "When the CPZ launched, sales of camera phones were really taking off, so it seemed opportune to enter the market. The scheme is a great way of entering the ever-growing retail world of mobile phones without a huge financial outlay and with the dummy handsets, it means no expensive stock is out on the shop floor."

Get professional!

John Strachan, owner of Strachan Pharmacy in Turrieff, Scotland, has been part of the Camera Phone Zone since October 2004. As one of the most successful CPZ accounts in the UK he comments: "We already sold mobile phones, but when we joined the Camera Phone Zone, it professionalised our mobile phone department beyond belief! It has grown from a small selection of handsets in the electrical department to a large stand-alone department with professional displays and cabinets."

"The Camera Phone Zone is a great way of entering a profitable market, allowing us to compete with the multiples. We are now recognised as a leading retailer of mobile phones in our community and people repeatedly visit us to purchase a new PAYT camera mobile phone. We have even had

customers impulse buy mobiles with other purchases!"

"The A2 posters and promotional deals always draw people in store. A promotion that worked extremely well for us was the Valentine's Sagem camera phone for £39.99 - a great price for a high quality camera phone. Vodafone and Swains supported us with split cost advertising on our local radio station, which resulted in stock selling out completely in a matter of weeks!"

Boost profits and increase footfall

"The CPZ makes us look part of a nationwide network of mobile retailers, bringing promotional, marketing, and training support with it. It has definitely had an impact on our bottom line and increased footfall too, with new younger customers arriving in-store for the first time, keen to buy the latest must-have camera phone."

The only other requirement for Camera Phone Zone members is access to email to keep retailers up-to-date with the latest promotions, deals, handsets and mobile phone technology, all delivered in a regular e-newsletter.

swains
INTERNATIONAL PLC
VODAFONE CHANNEL PARTNER

If you want to join the fast-moving and profitable business of camera phones, join the Camera Phone Zone!

**Call Swains direct on LoCall 0845 4504242
or email sales@swains.co.uk**



how long it will be before Nicotinell will be licensed for a cutting down type indication. "Until the Nicotinell SPCs are actually amended, users of NRT can be advised that in the interim they can refer, at their own discretion, to the advice in the MHRA leaflet and the letter to healthcare professionals (on the MHRA website)," says the Nicotinell brand manager.

He says it is too early to tell if the widened indication has had a significant effect on sales "All we do know is that Nicotinell is currently growing very strongly – well ahead of market growth. In the future, we believe that the change in legislation just announced [the ban on smoking in public] is likely to have a far more significant impact on market and brand growth than the changes to indications."

Novel approaches to quitting

Meanwhile, new approaches to helping quitters are constantly under review. A small study published in *Nicotine and Tobacco Research* found that smokers who wore a nicotine patch for two weeks prior to their quit date could double their success rate.

Researchers suggested that the steady supply of nicotine from the patch interrupts the rapid reward of inhaling nicotine via cigarettes. "Wearing the nicotine patch partially disconnects the reward of smoking," says Dr Jed Rose, senior author of the study. "What reinforces the addiction to smoking is the connection between inhaling smoke and

getting an immediate nicotine effect as it is absorbed by the lungs and brain." A larger follow-up study is finding the same pattern of abstinence but its data is not yet complete.

A recent study by Cancer Research UK found that people who stop smoking "on a whim" are more likely to succeed in the longer term than those who have planned to quit. The study found that nearly two thirds of smokers who made unplanned quit attempts were still not smoking six months later compared with 42 per cent of those who planned their attempt.

Professor Robert West, of University College London, suggests in the *British Medical Journal* that "catastrophe theory" could explain the findings. In this theory smokers have varying levels of motivational "tension" to stop and "triggers" in the environment cause a switch in motivational state. If that switch involved immediate renunciation of cigarettes this can signal a more complete transformation than if it involves a plan to quit at some future point.

In contrast to tinkering with traditional support methods, Lambeth PCT is offering grants via the Centre for Public Innovation to people who want to set up their own stop smoking club. 'Knit to Quit' is one of the most successful groups, where potential quitters meet in the living room of a successful quitter to knit and chat. Other groups are based around a library, a mother and toddler group and a rock climbing club.



When cravings peak in the afternoon... and the evening...



A recent study showed that 93% of your patients' lapses occurred during the afternoon and evening.¹ Nicotinell's patch delivers peak plasma concentrations during the afternoon² with consistent nicotine delivery whatever the time of day.

RECOMMEND A PATCH TO MATCH THEIR CRAVING

NICOTINELL® TTS 30, 20, 10 Nicotine. **Presentations:** Transdermal patch containing nicotine, available in three sizes (30, 20 and 10cm²) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours. **Indications:** Treatment of nicotine dependence, as an aid to smoking cessation. **Dosage and Administration:** Stop smoking completely when starting treatment. Patch: For those smoking 20 or more cigarettes a day Nicotinell TTS30 (Step 1) once daily. Those smoking less should start with Nicotinell TTS20 (Step 2) once daily. Different strength patches permit a stepwise reduction in nicotine dose over treatment periods of 3-4 weeks with each strength patch.

Maximum recommended treatment period three months (but if abstinence not achieved after three month period, further treatment may be recommended following a re-evaluation of the patient's motivation by a clinician). Children and young adults: To be used in people under 18 years only on medical advice. **Contra-indications:** Non-smokers, occasional smokers. As with smoking, Nicotinell is contra-indicated during acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, skin diseases preventing patch application and known hypersensitivity to any of the excipients. **Precautions:** Discontinue use if

The NRT market

Nicotinell is the fastest growing brand in the smoking cessation market, with 19.9 per cent growth in a market that is growing at 6.6 per cent (*IRI, all HBA outlets, Nov 26 2005: 52 w/e*). Its overall brand share stands at 19 per cent.

Nicotinell's crispy coated gum has had a significant impact on the market since its 2002 launch, adding £2.9 million to the gum category this year.

GSK is spending £4m on this year's Real Quit campaign, a 39 per cent increase on last year. This year's campaign features Maggie McDonald, a 38-year-old mother of two from South London who will share the highs and lows of her successful quit attempt using NiQuitin CQ Clear patches via real-life video diaries.

Ms McDonald was supported through her quit attempt with an individually tailored quit plan which she set up at www.Click2Quit.com. This has been shown to increase a smoker's chance of quitting by up to 26 per cent compared to a non-tailored plan.

On the horizon

A couple of new anti-smoking drugs are undergoing regulatory approval. Sanofi-aventis's Acomplia (rimonabant) is expected to be launched this year for obesity management, although it also has a potential role as a smoking cessation aid. The selective CB1

endocannabinoid receptor antagonist blocks endogenous cannabinoid binding to neuronal CB1 receptors. The endocannabinoid system is involved in tobacco dependence. Sanofi-aventis expects to bring the drug to market in the USA this year.

Pfizer's Champix (varencicline) is a selective nicotinic acetylcholine receptor partial agonist specifically for use in smoking cessation. The US Food and Drug Administration granted the drug a six month priority review in December. Double blind placebo controlled trials have shown that smokers were nearly 50 per cent more likely to have quit at 12 weeks using Champix than Zyban.

GlaxoSmithKline also reportedly has a new smoking cessation drug in phase II development and a number of companies are developing nicotine vaccines.

Tesco takes up the challenge

Tesco has published a *Quitting Smoking* booklet that is available free from all its pharmacies. The booklet contains everything from techniques for coping with withdrawal symptoms to tips on useful diversion tactics and information on NRT options.

Over 75 Tesco pharmacies also offer

a smoking cessation service in conjunction with the local NHS. With this service, 3,000 customers every month have regular appointments with the pharmacist to receive help and advice in their battle to give up.

Tesco is running 'quit smoking' roadshows in conjunction with the three major NRT suppliers at over 100 stores across the country until the end of this month. "The roadshows are part of our ongoing commitment to be a local source of community healthcare advice," says Carol Clarkin, Tesco's pharmacy services manager.

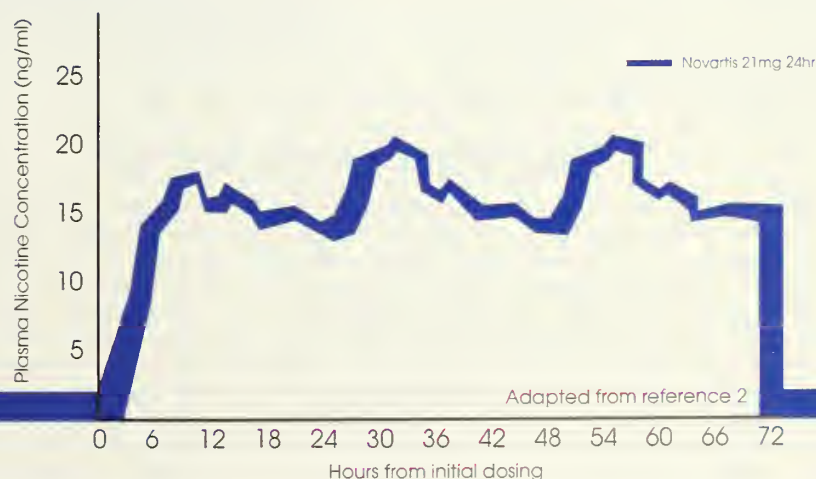
"We have been working closely with local PCTs on this initiative, to get their support and input to help raise awareness amongst as many customers as possible about giving up."

The roadshows have been "a huge success", says Ms Clarkin, attracting a great deal of interest from customers. Over 14,000 people were given help and advice about quitting at the first 50 roadshows alone. Tesco is also working with the charity No Smoking Day for further in-store impact around March 8.



Continued on page 32 ►

...Nicotinell: a 24-hour patch with a profile to match.



Combined with an intensive behavioural support programme Nicotinell's patch can increase quit rates by up to four times compared to unaided levels.³ For more detailed information email nchmarketing.uk@novartis.com or ring 01403 323 046.

PROFILE - IT NEEDN'T BE HELL WITH NICOTINELL



persistent skin reaction occurs when using the patch. **Pregnancy and Lactation:** To be Used only on medical advice. **Side Effects:** Events which may be related to smoking cessation include headache, sleep disturbances, gastro-intestinal disturbances, and myalgia. Nicotine Patches: most common adverse effects are reactions at the application site (usually erythema or pruritus). **Legal Category:** GSL. **Product Licence Nos, Trade Price and Suggested Retail Price:** Nicotinell TTS 0 (PL 0030/0107) in packs of 7 patches £9.11, £15.99; Nicotinell TTS20 (PL 0030/0108) in packs of 7 patches £9.40, £16.49; Nicotinell TTS30 (PL 0030/0109) in packs of 7 patches £9.97, £17.49 and

21 patches £24.51, £42.99. PL Holder: Novartis Consumer Health, Horsham, West Sussex RH12 5AB.

Date of Preparation: November 2005. **References:** 1. Ussher M, West R, 2003. Diurnal variations in first lapses to smoking for nicotine patch users. *Hum Psychopharmacol Clin Exp* 18:345-349. 2. Fant RF et al. A pharmacokinetic crossover study to compare the absorption characteristics of three transdermal nicotine patches. *Pharmacol & Biochem Behaviour* 67:479-482. 3. ? Wells and S. Shiffman. Smoking cessation Fast facts. Treatments to aid smoking cessation - data from Cochrane review of relevant randomised controlled trials p57

Pharmacist wins award for outstanding smoking cessation work

Dhimant Patel, of Healthways Chemist in Pinner, Middlesex, pictured right, was runner-up Stop Smoking Supporter of the Year at the 2005 Quit Awards.

His smoking cessation work is particularly innovative because of his achievements with patients who do not speak English as a first language, and at an outreach centre at the local hospital.

Healthways Chemist is one of 57 pharmacies in Harrow PCT that operate under a smoking cessation PGD. Mr Patel has seen 662 clients to date, with a 67 per cent success rate at four weeks. The 57 participating pharmacies have now achieved 6,206 quit attempts since October 2003.

"The reason that pharmacies are successful in supporting people to quit is the ease of access to the service," says Mr Patel. "Clients must be at ease with the service. Some are very nervous. Their hearts want to give up but their bodies don't."

There are a lot of Somalis as well as Kosovans and Serbians in Harrow and Mr Patel asks them to bring their children or other family members to translate. "I try and do group sessions and get the whole family involved. It takes a little longer but it's all to do with motivation. If you can motivate them to change their behaviour it works very well and they are more likely to quit."

The PCT has organised outreach centres at

Harrow bus station and Northwick Park Hospital for quitters who are less likely to visit the pharmacy for advice. Mr Patel ran a series of one to one sessions at the hospital. The intensive 30 to 40 minute sessions are highly successful, partly because there are no interruptions or distractions as there would be in the pharmacy.

Mr Patel encourages other pharmacists to get involved in a smoking cessation programme. "Independent pharmacists are complaining that business is getting quiet, but I would say diverge your business and use your new pharmacy contract to provide this advanced service. Professionally it is very satisfying and financially it is worthwhile. Running clinics like this has re-affirmed my passion for community pharmacy. With the latest legislation banning smoking completely in all enclosed public places there is even more scope for community pharmacists."

The new 'cut down then stop' indication has proved useful at Healthways Chemist. "It's ideal for some clients who find it very difficult to quit but it needs more support and for a longer period. It's more useful for heavily addicted smokers."

Support from the NRT manufacturers is invaluable, says Mr Patel, but he believes that even more eye-catching and innovative display materials would encourage more clients into the pharmacy. Samples are particularly useful,



he says, such as the chewing gum tasters, but there is scope for more local training courses on motivation and behaviour change, particularly at evenings and weekends when more pharmacists would be able to attend.

Mr Patel is modest about his Quit Award. "My award is not my single effort. I have good support from my staff, from Harrow PCT, the GP practices and company reps. I wouldn't have won it without their teamwork."

Some are very nervous. Their hearts want to give up but their bodies don't

How the scheme works

Clients can enrol on the scheme either directly at Healthways Chemist or via a referral from other healthcare professionals. Each client has to complete an assessment form that is faxed to Harrow PCT for approval. All quitters receive five weeks of counselling and NRT free of charge (one prescription charge may be payable).

Appointments are made to suit the patient, with Mr Patel

even seeing some clients at 8.30am on their way to work. The first appointment lasts 20 to 45 minutes and the following four are about 10 minutes each. Mr Patel measures carbon monoxide levels weekly and gives patients support, advice and encouragement. Harrow PCT pays for NRT and a professional fee for each consultation.

The scheme was set up as

a PGD that covered pregnant women and 16 to 18-year-olds in 2003. Mr Patel believes patients benefit from support for longer than four weeks so if they want to continue he writes to their GP suggesting the patient is prescribed NRT because the cost often puts people off. Quitters appreciate Mr Patel's encouragement and he will provide support and counselling for up to 13 weeks.

No Smoking Day

Wednesday, March 8

Up to two million smokers are expected to try and quit their habit on No Smoking Day, even more than the 1.6m who quit on last year's No Smoking Day.

Ben Youdan, No Smoking Day's chief executive, says: "No Smoking Day is getting bigger every year

and with smoke-free workplaces becoming more and more the norm we hope that up to two million might quit on March 8. These smokers need your support to help them stay smoke-free for good. The campaign is an excellent opportunity to help smokers who want to stop in a fun and informal way and it needn't take up lots of time."



Nicotine: dispelling the myths

● Nicotine is not carcinogenic. There are more than 4,000 other chemicals in cigarette smoke, many of which are known to cause cancer. The polycyclic aromatic hydrocarbons and nitrosamines are particularly to blame.

● Nicotine is not responsible for most of the adverse health effects related to smoking. Its main adverse effect is the addiction that sustains tobacco use.

● Nicotine does not stain fingers and teeth yellow. Tar causes these stains.

● The addiction risk of nicotine in medications is low compared to the risk posed by tobacco products. NRT has low abuse liability compared to tobacco.

● Nicotine is a stimulant, and therefore NRT use can help control weight gain during a quit attempt.

How to use NRT in new patient groups



Following the conclusion of the Committee on Safety of Medicines on NRT that the dangers of continued smoking far outweigh any risk from NRT, the Medicines and Healthcare products Regulatory Agency has advised that NRT use should be widened to cover:

- 12 to 18-year-olds
- Pregnant/breast-feeding women.
- Smokers with underlying disease such as cardiovascular, hepatic and renal disease, diabetes mellitus and those taking concurrent medication.

But the MHRA still recommends limitations for use in these groups. Treatment should be restricted to 12 weeks in adolescents and pregnant women should aim to discontinue use after two to three months. Intermittent forms of NRT are preferable during pregnancy but a patch may be more appropriate if nausea and/or vomiting are a problem. If patches are used, they should be removed before going to bed.

The amount of nicotine that breast-feeding infants are exposed

to from NRT is small, but patches should be avoided if possible. Products taken intermittently are preferred as their use can be adjusted to allow the maximum time between their administration and feeding of the baby.

Nicotine releases catecholamines which can affect carbohydrate metabolism, so diabetic patients should be advised to monitor their blood sugar levels more closely than usual when starting NRT.

NRT should be used with caution in patients with moderate to severe hepatic impairment and/or severe renal impairment, as the clearance of nicotine or its metabolites may be decreased, with the potential for increased adverse effects.

Product information to date has contained interactions that may occur as a result of quitting smoking rather than from NRT *per se*. The only interaction possibly directly attributable to NRT is with adenosine (adverse haemodynamic effects). ☹

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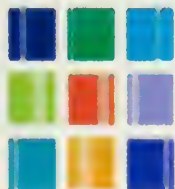
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Back ISSUES

Own goal for Middlesbrough



Middlesbrough's Franck Queudrue, left, with Michael Maguire

A Middlesbrough pharmacy achieved its goal of encouraging healthy living with help from a Premiership football star.

Middlesbrough player Franck Queudrue joined pharmacy staff to open the relocated Marton Pharmacy.

Health professionals, health visitors and school nurses were on hand to provide information on asthma, Parkinson's disease and diabetes.

Pharmacist Michael Maguire said Franck helped draw public

attention to the services his pharmacy offers including consultation rooms and a larger shop floor as well as treatment rooms for services such as physiotherapy and hypnotherapy. Smoking cessation, weight management and lifestyle advice will also be on offer, with extended opening hours to improve access.

"We are concentrating on community healthcare and providing services for people," said Mr Maguire.

Stay bite-free with a frog

An Australian amphibian may hold the key to mosquito repellents, a team of scientists has claimed.

Researchers from the University of Adelaide found the secretions from dumpy tree frogs are effective at keeping mosquitoes at bay.

The study found mice given secretions from the frog remained bite-free for 50 minutes, compared with 12 minutes for an untreated group.

However, mice given the chemical typically used in commercial mosquito repellents, were protected for up to two hours.

Researchers said the frog secretions should not yet be



considered as an alternative to commercial repellents, but they showed the 'potential' of amphibian skin.

However, the frog repellent would only have a limited effect in fighting malaria, experts said.

Men are the sickly sex

As every wife and girlfriend knows, men can make even a mild cold sound like a terrible case of 'flu. While their exaggerations and complaints can make them the worst patients to care for, research has found their moaning might be justified.

A study at the University of Baltimore found men are more susceptible to some illnesses than women due to differences in immune systems, with men more vulnerable to catching viruses such as colds.

Tests carried out on the immune systems of male and female mice of all ages showed both sexes had similar immune systems when young, but this changed during puberty. The research showed the more complex 'adaptive' part of the immune system was weaker in males, leaving them more prone to illness.

So, the next time a man claims he's at death's door you might have to take him more seriously.

Appointments



Positive Solutions has announced several new appointments. Pictured from the left are: **Robert McLoughlin**, who joins the company as a sales representative covering the

South East of England; **Sophie Maxwell** who has been appointed to the sales team; **John Kentall** joins the company as a helpdesk analyst; and **Ashiq Vanat** has been appointed as workshop manager.



Katie Norris

Regulatory Agency's director of information management division. A chemistry graduate, Ms Davis has 20 years' experience working in information technology roles in the

Katie Norris has joined Vitabiotics as its national account manager. Ms Norris will be responsible for expanding the company's business accounts across the chemist, wholesale and health food sectors.

Alison Davies has become the Medicines and Healthcare products

pharmaceutical and chemical sector, including Glaxo and DuPont.

The NHS Appointments Commission has appointed 13 members to the new Herbal Medicines Advisory Committee. Chaired by **Professor Philip Routledge**, HMA will give ministers and the MHRA independent advice on the registration of herbal medicines.

Ian Gowrie-Smith has retired as a non-executive director of SkyePharma. Mr Gowrie-Smith founded the company in 1996 and remains a major shareholder.

GW Pharmaceuticals has announced the appointment of **David Morrison** as non-executive director. Mr Morrison, who is currently chief executive of Prospect Investment management, replaces Peter Mountford.

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